

OMB Control Number: 0970-0114

Expiration Date: 02/29/2024

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Child Care and Development Fund (CCDF) Plan

for

State/Territory _____

FFY 2022 – 24

This Plan describes the Child Care and Development Fund program to be administered by the state or territory for the period from 10/1/2021 to 9/30/2024, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to the applicable laws regardless of these modifications.

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FINAL DRAFT

Introduction and How to Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children.

The CCDF Plan is how states and territories apply for CCDF funding (658E (a)) and is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule (98.16). ACF acknowledges that in the FY 2022 – 2024 Plan, states and territories may still be operating under approved waivers related to the COVID-19 pandemic and where appropriate plan responses should reflect the approved waivers. The CCDF Plan allows states and territories to describe their implementation of the CCDF program and it is organized into the following sections:

1. Define CCDF Leadership and Coordination with Relevant Systems and Funding Sources
2. Promote Family Engagement Through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to Child Care for Low-Income Children
5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Program Integrity and Accountability

These organizational categories reflect key goals of an integrated system of child care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine the need for technical assistance (TA), and determine compliance with specific requirements.

Citations

ACF recognizes that Lead Agencies use different mechanisms to establish policies, such as state statute, regulations, administrative rules, or policy manuals or policy issuances. When asked to provide a citation in the CCDF Plan, Lead Agencies should list the citation(s) for the policy that clearly identifies and establishes the requirement and that allows the Lead Agency to enforce the requirement. Lead Agencies may list multiple sources as needed to cover all types of providers receiving CCDF (e.g., policies for licensed providers may be established in licensing regulations, and policies for license-exempt providers may be in subsidy rules). These citations are intended to provide documentation to support the requested information but not replace requested responses or descriptions. Complete answers must include citations, responses, and descriptions.

CCDF Plan Submission

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

(See <http://www.section508.gov/> for more information.)

In responding to questions, states and territories are asked to provide brief, specific summaries and/or bullet points only with specific language that responds to the question. Do not use tables or copy and paste charts, add attachments, or paste manuals into the Plan. All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing oversight and monitoring efforts.

FINAL DRAFT

1 Define Leadership and Coordination with Relevant Systems and Funding Sources

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

a. Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: *Guam Department of Public Health & Social Services (DPHSS)*

Street Address: *155 Hessler Place*

City: *Hagatna*

State: *Guam*

ZIP Code: *96910*

Web Address for Lead Agency: <https://dphss.guam.gov/division-of-public-welfare/>

b. Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: *Arthur*

Lead Agency Official Last Name: *San Agustin*

Title: *Director, Department of Public Health & Social Services*

Phone Number: *(671) 922-2510*

Email Address: *Arthur.sanagustin@dphss.guam.gov*

1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the

person with responsibility for administering the state's or territory's CCDF program. ACF will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a. CCDF Administrator Contact Information:

CCDF Administrator First Name: *Maria Theresa*

CCDF Administrator Last Name: *Arcangel*

Title of the CCDF Administrator: *Chief Human Services Program Administrator*

Phone Number: *(671) 300-7343*

Email Address: *theresa.arcangel@dphss.guam.gov*

b. CCDF Co-Administrator Contact Information (if applicable):

CCDF Co-Administrator First Name: *Terry*

CCDF Co-Administrator Last Name: *Ascura*

Title of the CCDF Co-Administrator: *Human Services Program Administrator*

Phone Number: *(671) 735-7344*

Email Address: *terry.ascura@dphss.guam.gov*

Description of the Role of the Co-Administrator: *To manage the Child Care Development Fund grant and ensure that all registered licensed and license-exempt child care providers implement the programmatic and fiscal requirements in accordance with federal and local applicable mandates and statutes. These efforts require extensive coordination and collaboration within the DPHSS and across early care and education agencies, as well as with stakeholders, providers, and the general public.*

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

- 1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards

(98.16(d)(1)). Check one.

- a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.
 - i. Eligibility rules and policies (e.g., income limits) are set by the:
 - State or territory. Identify the entity. [Department of Public Health & Social Services](#)
 - Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the eligibility policies the local entity(ies) can set. [Click or tap here to enter text.](#)
 - Other. Describe: [Click or tap here to enter text.](#)
 - ii. Sliding-fee scale is set by the:
 - A. State or territory. Identify the entity. [Click or tap here to enter text.](#)
 - B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set. [Click or tap here to enter text.](#)
 - C. Other. Describe: [Click or tap here to enter text.](#)
 - iii. Payment rates and payment policies are set by the:
 - A. State or territory. Identify the entity. [Guam Department of Public Health & Social Services](#)
 - B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set. [Click or tap here to enter text.](#)
 - C. Other. Describe: [Click or tap here to enter text.](#)
 - iv. Licensing standards and processes are set by the:
 - A. State or territory. Identify the entity. [Guam Department of Public Health & Social Services, Public Law 31-73](#)
 - B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set. **[Click or tap here to enter text.](#)**
 - C. Other. Describe. [Click or tap here to enter text.](#)
 - v. Standards and monitoring processes for license-exempt providers are set by the:
 - A. State or territory. Identify the entity. [Guam Department of Public Health & Social Services, Child Care Provider Application](#)
 - B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set. [Click or tap here to enter text.](#)
 - C. Other. Describe: [Click or tap here to enter text.](#)

vi. Quality improvement activities, including QRIS are set by the:

- A. State or territory. Identify the entity. *Guam Department of Public Health & Social Services*
- B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of quality improvement activities the local entity(ies) can set. *Click or tap here to enter text.*
- C. Other. Describe: *Click or tap here to enter text.*

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level: **Click or tap here to enter text.**

1.2.2 The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify which entity(ies) implements or performs CCDF services.

a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead agency	TANF agency	Local government agencies	CCR&R	Community-based organizations
Who conducts eligibility determinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Who issues payments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who monitors license-exempt providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

The CCDF Program continues to collaborate with the early childhood care and education agencies to support the implementation of the CCDF services and in the support of quality improvement activities that includes: 1) assisting parents in locating child care; 2) the revision and expansion of Guam Quality Rating and Improvement System (QRIS); 3) training and professional development; 4) the implementation of Guam’s Early Learning and Developmental Guidelines also known as GELGs;

and 5) other activities to improve the quality of child care services.

1. There are three main activities that assist parents in locating child care:
 - a. **Child Care Licensing Office** located in the DPHSS Bureau of Social Services Administration (BOSSA), updates and maintains monthly the Child Care Directory for all licensed facilities.
 - b. **Neni 311** is one of the Help Me Grow (HMG) initiatives that reinforces the need to build a system emphasizing surveillance, screening, and the early detection and connection to services and support for at-risk children and their families. With support of the stakeholders, Guam launched one of the 4 components of HMG. The DPHSS in partnership with other early childhood programs set up the Neni 3-1-1 line (Centralized Telephone Access Point). Early childhood partners share the responsibility of manning the 3-1-1 line. Care coordinators from both health and education programs have received training to link families to resources and services that address parents' questions and concerns about health, development, behavior and learning of their young child.
 - c. **Neni Directory of Services** is a listing of services and supports that is updated every 2 years by representatives from different early care and education serving agencies. The Neni Directory is disseminated to families in print and electronic formats for information on family supports, health, and education.
2. As of September 24, 2020, the CCDF Program has in place a revised QRIS guidelines. For the past several years, the CCDF Program has subcontracted the Guam Community College in the development, implementation, monitoring, and evaluation of Guam's QRIS. As of this reporting period, there are 34 child care centers that has been evaluated using the QRIS. The CCDF Program plans to review and if needed, will expand the QRIS guidelines based on input from the child care providers and the Early Learning Council Leadership team.
3. CCDF training and professional development sessions continues to be provided to child care providers through partnerships with the early care and education programs and institutions of higher education. Such topics include but not limited to STEAM Ahead, Nutrition and Physical Health, Cognitive and Creative Development, Health and Nutrition Wellness, Educational Methods, Social and Emotional Conscious Discipline, 4-Key Steps for Early Identification, Child Abuse and Neglect Mandated Reporters, and CCDF Health and Safety Standards.
4. The CCDF Program continues to provide copies of the GELGs Birth to Three and Three to Five to child care providers and families. The GELGs is used as a resource for child care providers and parents in emphasizing what children should know and be able to do in addition to providing activities that parents and providers could do to support the child's overall development. In addition, the GELGs are used in professional development training as a tool of sharing the importance of early development and how these skills are aligned with the Head Start performance standard.
5. The CCDF Program provides other activities in efforts to improve the quality of child care services. For example, the CCDF Program Coordinator participated in several meetings of the Guam Early Learning Council (GELC): Social Emotional Wellness Multi-Agency Team (SEW-MAT). The purpose of these meetings is for the different agencies to develop a process and flow of support across agencies for children who are receiving services from two or more different agencies. The SEW - MAT reviewed over 10 cases of young children that had substantiated child abuse / neglect and were wards of the State. These cases were of young children that had experienced toxic stress. At several meetings, the CCDF Program Coordinator was present to walk through a process of for these children that are in Foster care to access immediate child care services in efforts to ensure a

secured and stable environment with a primary child care provider.

1.2.3 Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:

- Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).
 - Tasks to be performed
 - Schedule for completing tasks
 - Budget which itemizes categorical expenditures in accordance with CCDF requirements
 - Monitoring and auditing procedures
 - Indicators or measures to assess performance of those agencies
- Any other processes to oversee and monitor other agencies.

The lead agency's CCDF state program office monitors the CCDF administration and implementation at all licensed and licensed-exempt childcare providers through program compliance reviews. The CCDF program office receives and reviews inspection information from the DPHSS-Bureau of Social Services Administration's (BOSSA) which is the childcare licensing office. The Division of Environmental Health (DEH) conducts health & safety inspections of all childcare licensed and license-exempt providers on a quarterly basis and reports are provided to the CCDF program office. Subsidy payments are reviewed for accuracy on a monthly basis.

Additionally, the lead agency's CCDF state program office will engage in Memorandum of Understandings (MOUs) in accordance with Guam statutes, with child care providers and intermediaries including non-governmental organizations and relevant government of Guam agencies, including but not limited to, the Department of Youth Affairs, the Guam Behavioral and Wellness Center, the Office of the Governor of Guam, Guam Memorial Hospital Authority, and the Department for Integrated Services for Individuals with Disabilities, all of whom would also be subject to the aforementioned compliance reviews.

1.2.4 Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

The Lead Agency contracts the Data Management Resource (DMR) and the information is coded. The codes can be shared and made available on request.

1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)).

Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.

DPHSS Division of Public Welfare DPW Policy No. 2014-01 outlines a consistent process for managing confidential information, breaches of confidentiality and inappropriate use of information systems. Employees must seek and disclose the minimum amount of Confidential Information necessary to carry out their duties. Access to the records of family members, friends, co-workers, or other individuals is strictly prohibited (unless there is a job-related need). It is also mandatory for all staff working under the Department of Public Health and Social Services to obtain HIPAA training.

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of units of general purpose local government— (658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program as described in question 1.4.1.

- 1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a. – c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local governments.

The Lead Agency's CCDF state office through meetings, orientations and outreaches meets with other local government agency representatives and through discussions applies information gathered to complete the CCDF state plan. The following DPHSS programs provided direct support in the review and provided input in the development of the state plan.

- DPW: Bureau of Economic Security provided information and input with the

regards to eligibility, criminal history, and background check.

- DPHSS BOSSA conducts the licensing inspection and provided input to section 5 of the state plan.
- DPHSS Bureau of Communicable Disease Control - Immunization Program continues to provide ongoing training relating to immunization documentation.
- Division of Public Health (DPH) - Bureau of Family Health and Nursing Services:
 - Preschool Development Grant (PDG) Birth to Five provided support in the facilitation of the PDG Early Learning Council Leadership Team Meetings (Think Tank) in the review and drafting of sections of the state plan.
 - Maternal and Child Health Program participated in the CCDF: Think Tank meetings on the review of the CCDF State Plan.
 - Family Health Information Resource Center participated in the CCDF: Think Tank meetings and provided input to the CCDF State Plan.
- DEH continues to conduct quarterly inspections in child care facilities in support of the health and safety standards.

- b. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

The CCDF CO-Administrator reports on a quarterly basis updates of the CCDF Program activities to include number of children receiving child care subsidy, challenges, and upcoming activities to the Guam Early Learning Council (GELC).

In March 2021, the CCDF Administrator requested for consultation and technical support in drafting Guam's CCDF State Plan from the DPHSS PDG Birth to Five: Early Learning Council (ELC) Leadership Team. Based on that request, the GELC Chairperson co-facilitated the PDG B-5: Early Learning Council meetings in partnership with the CCDF Administrator. On March 23, 2021, the GELC Chairperson facilitated the first of a series of CCDF Think Tank meetings with ELC Leadership Team. The ELC Leadership Team is comprised of the administrators of all early care and education programs along with the PDG Birth to Five Director. The CCDF Administrator presented the draft sections of the CCDF State Plan and ELC Leadership Team agreed on a plan of when and how the Team will review and provide input to the State Plan.

- c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.

Not Applicable

- d. Describe any other entities, agencies, or organizations consulted on the development of the CCDF Plan.

The CCDF Administrator worked closely with the members of the ELC Leadership Team to review and provide input to the CCDF State Plan. The representatives in attendance at these meetings included the administrators from following agencies: Department of Education (DOE): Head Start, Part C: Guam Early Intervention Services (GEIS), Early Childhood Special Education (Part B Section 619), Pilot Pre-Kindergarten and Pre-Kindergarten Gifted and Talented Programs; DPHSS: Project Bisita I Familia: Guam’s Maternal Infant Home Visiting Program, PDG Birth to Five; Maternal Child Health Program, and the Family Health and Information Resource Center; and the University of Guam – Center for Excellence on Developmental Disabilities Education, Research and Service. (Guam CEDDERS).

- 1.3.2. Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)). Reminder: Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:
- a. Date of the public hearing. [Monday, June 21, 2021-Virtual Forum at 130pm](#)
 - b. Date of notice of public hearing (date for the notice of public hearing identified in [Press Release NO. 2021-043](#))
June 01, 2021
Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g., the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).
 - c. How was the public notified about the public hearing? Please include specific website links if used to provide notice. [Local Media public announcement and on the Lead Agency’s CCDF Website at http://dphss.guam.gov/guamchildcare/](#)
 - d. Hearing site or method, including how geographic regions of the state or territory were addressed. [Due to the COVID-19 pandemic, the DPHSS CCDF program office has scheduled a virtual public hearing on June 21, 2021 from 130-330pm via zoom media platform.](#)
 - e. How the content of the Plan was made available to the public in advance of the public hearing. (e.g., the Plan was made available in other languages, in multiple formats, etc.) [Posted and available for download on the Department of Public Health & Social Service Child Care Development Fund website at http://dphss.guam.gov/guamchildcare.](#) A hard copy of the Plan will available at the CCDF Bureau of Management Support office located in room 15 Castle Mall in Mangilao and a copy of the plan may be requested via email at childcare@dphss.guam.gov.
 - f. How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? [All information received during the public hearing will be considered when finalizing the state plan.](#)

- 1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and

any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found at <https://www.acf.hhs.gov/occ/resource/pi-2009-01>.)

- a. Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed. <http://dphss.guam.gov/guamchildcare/>
- b. Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.
 - Working with advisory committees. Describe: [The CCDF Program Office in collaboration with the PDG Birth to Five – Early Learning Council Leadership Team provided input to the drafting of the State Plan. In addition, the Team were informed that they will have another opportunity to review the entire document and provide further input to the state plan. Information of the amendments will be forwarded if appropriate, to CCDF Program and the Early Learning Council Leadership Team that will ensure that the amendments are included in State plan.](#)
 - Working with child care resource and referral agencies. Describe: [Click or tap here to enter text.](#)
 - Providing translation in other languages. Describe: [Click or tap here to enter text.](#)
 - Sharing through social media (e.g., Twitter, Facebook, Instagram, email). Describe: [A copy of the State Plan may be requested via email at \[childcare@dphss.guam.gov\]\(mailto:childcare@dphss.guam.gov\)](#)
 - Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe: [Click or tap here to enter text.](#)
 - Working with statewide afterschool networks or similar coordinating entities for out-of-school time.
 - Other. Describe: [Click or tap here to enter text.](#)
[A hardcopy of the CCDF Plan and Plan amendments will be made available at the Department of Public Health & Social Service \(DPHSS\) Bureau of Management Support's office located in room 15 at the Castle Mall in Mangilao and through the DPHSS website.](#)

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions the goals of this coordination, such as:

- extending the day or year of services for families.
 - smoothing transitions for children between programs or as they age into school.
 - enhancing and aligning the quality of services for infants and toddlers through school-age children.
 - linking comprehensive services to children in child care or school-age settings.
 - developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings.
- a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.
- i. Appropriate representatives of the general-purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:

As per Guam Code Annotated (10GCA Health & Safety, Ch.3 Public Health & Social Services, Section 3901).

In May 24, 2011, Governor Edward J.B. Calvo signed Public Law 31-62, "An Act...Relative to Establishing the Guam Early Learning Council For Guam's Early Childhood Comprehensive System." This legislation delineates the composition, goals and objectives and roles and responsibilities of the Guam Early Learning Council (GELC).

The GELC is composed of the following parent representatives as well as, Department Heads from key child serving public agencies to include: Governor's Office, DOE, DPHSS, Guam Behavior Health and Wellness Center (GBHWC); Guam Memorial Hospital Authority (GMHA); Sanctuary Corp; Guam Catholic Social Services (GCSS); Department of Labor (DOL); Mayors Council; Superior Court of Guam, Guam Legislature Committee Chair for Education and Health; University of Guam, and Guam Community College.

In addition, administrators of early childhood care and education programs attend the GELC meetings and provides quarterly reports to the GELC on status of their programs. The early childhood care and education program administrators are the ELC Leadership Team and provide supports in the development, implementation, monitoring, and evaluation of the Guam's PDG Birth to Five grants. The ELC Leadership Team include membership from:

- DPHSS - Family Health Information Resource Center; Project Bisita I Family: Guam's Maternal, Infant Home Visiting Program; Karinu: Guam's Early Childhood System of Care; Maternal Child Health Program; Bureau of Social Services Administration (BOSSA) Child Care Licensing; and Child Care Development Fund (CCDF) Program,
- DOE: Head Start, Guam Early Intervention System (GEIS)- Part C; Early Childhood Preschool Special Education: Part B, Section 619; Pilot Pre-kindergarten programs and Gifted and Talented.

- ii. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination goals, processes, and results:

The vision of the Guam Early Learning Council is for “All of Guam’s young children will have healthy minds, bodies, and spirits as the foundation for lifelong success”. The mission of the GELC is to support each child (birth to 8) in reaching his/her full potential through a health care and education system that is accessible, comprehensive, integrated, and responsive to diverse cultures and is developed in collaboration with families and communities.

The two main goals of the Council are 1) To increase services and supports for young children and their families by strengthening cross-agency coordination; and to 2) Expand and refine Guam’s Policy Agenda for Early Learning Birth to Eight.

The GELC’s objectives are to -- 1) Strengthen cross-agency collaboration; 2) Leverage of funding and maximize resources; 3) Shared data collection for monitoring and reporting; 4) Shared standards for child and family outcomes; 5) Shared professional development structures to ensure appropriately skilled systems workforce; and 6) Expand awareness of and access to parent education and family supports.

Program administrators of early care and education program provide quarterly updates of their programs to the Council. These programs include:

- Department of Education: Guam Early Intervention Services (Part C), Head Start, Early Childhood Special Education Preschool Services (Part B Section 619), Pilot Pre-Kindergarten, and Pre-School Gifted and Talented Program.
- Department of Public Health and Social Services: Family Health Information Resource Center; Project Bisita I Family: Guam’s Maternal, Infant Home Visiting Program; Karinu: Guam’s Early Childhood System of Care; Maternal Child Health; and Child Care Development Block Fund Program
- Guam Behavioral Health and Wellness Center: Child and Adolescent Service Division

- X Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.

- iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted: [Click or tap here to enter text.](#)

N/A—Check here if there are no Indian tribes and/or tribal organizations in the state.

N/A—Check here if there are no Indian tribes and/or tribal organizations in the state.

- iv. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted: [Click or tap here to enter text.](#)

- N/A—Check here if there are no Indian tribes and/or tribal organizations in the state.
- N/A—Check here if there are no Indian tribes and/or tribal organizations in the state.

- v. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals, processes, and results:

The Department of Education (DOE) is the lead agency for the Part C: Guam Early Intervention Services (GEIS) and Part B: Early Childhood Special Education (Section 619). GEIS provides services for infants and toddlers with or at risk for disabilities and their families. For children 3 through 21 with disabilities, the DOE Special Education Program provides special education and related services for children that identified with having a disability and in need of special education and/or related services. The GEIS and special education program representatives are present at GELC meetings which enables the Programs to discuss processes and procedures for ensuring a smooth transition between programs or for children who are in child care settings into school settings. This process enhances and aligns the quality of services for infants and toddlers through school-age children and supports for a smooth transition for infants, toddlers, and preschoolers with or at risk for disabilities that are enrolled in early intervention services or preschool special education services to school entry. Children with Individualized Family Service Plan (IFSPs) and Individualized Educational Program (IEPs) are required to have in place a transition plan for ensuring a smooth transition between settings. In addition, the IFSP or IEP process ensures that children and families continue if appropriate, to comprehensive services.

Under the Part C of the Individuals with Disabilities Education Act (IDEA), Guam has in place the Guam Interagency Coordinating Council (GICC). The GICC is comprised of members from early child serving agencies. The GICC's role and responsibility is to advise and assist DOE: GEIS in the implementation and monitoring of early intervention services with a focus on child find, early childhood transition, and payor of last resort. The CCDF Administrator is an active member of the GICC.

The CCDF Program in collaboration with the GICC plans to review and expand the DOE – Division of Special Education Early Childhood Transition Procedures to include children in child care settings, children experiencing homelessness, or children that are wards of the State.

- vi. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:

The Department of Education's Head Start Program Administrator and the Lead Agency's CCDF office work together to help transition children from child care to Head Start or from Head Start to afterschool care in a child care setting.

- vii. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:

The DPHSS Division of Public Health, Bureau of Communicable Disease oversees the Immunization Program. The Immunization Program works closely with the Social Services Licensing Officer reviewing child care records to ensure immunizations are up to date. The Immunization Program has an automated system called WEBIZ that maintains immunization data. The Immunization Program Staff and the Child Care Licensing Officer

work closely with the child care providers to assist them in enrolling to obtain access and how to navigate the system.

viii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals, processes, and results:

The Department of Public Health & Social Services' Division of Public Welfare, Bureau of Management Support oversees the Work Programs Section that operates the SNAP (Supplemental Nutrition Assistance Program) Employment & Training Program as well as the TANF (Temporary Assistance for Needy Families) JOBS (Job Opportunity & Basic Skills) Program. The goal of the E&T and JOBS Programs is to assist our vulnerable populations to get out of poverty by assisting them with obtaining education or job training to develop skills that will enable them to seek and obtain employment. Part of the client's work component is establishing child care which is one of the barriers in obtaining and maintaining employment. Through the SNAP E&T Program, there is an established MOU with the Department of Labor to assist our clients to navigate the process and the online system when looking for available job openings.

ix. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:

The Guam Department of Education is responsible for public education which includes prekindergarten and Head Start programs. The lead agency's collaboration with the programs fosters a smooth transition for children between the child care program. The collaboration promotes continuity as the children age into school age by enhancing and aligning the quality of services for infants and toddlers as they become school age.

State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:

The Department of Public Health & Social Services' Division of Public Welfare oversees the Bureau of Social Services Administration (BOSSA) which is responsible for child care licensing. The staff directly responsible for the licensing of Child Care Centers is the Social Services Licensing Officer. This staff works closely with the providers to ensure their training is current and to ensure the requirements of the Guam Plan for Professional Development are met.

The collaboration with the CCDF office fosters smooth transitions and enhances and aligns the quality of service for infants and toddlers through school age children. This also enables the lead agency to link comprehensive services and develop a supply of quality care for vulnerable populations.

x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals, processes, and results:

The Department of Education's Food Nutrition Services (FNS) is responsible to manage the Child Adult Food Care Program. The parents receiving child care through the lead agency's CCDF office are notified and provided information to receive food commodities when they become available through FNS CACFP funded program. The lead agency's CCDF office's collaboration allows smooth transitions for children in the child care program to benefit from healthy food

commodities.

- xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:

The Department of Public Health & Social Services' Division of Public Welfare, Bureau of Social Services Administration (BOSSA) in conjunction with the Guam housing and Urban Renewal Agency assist in the tracking of the homeless population on Guam and makes referrals to the CCDF office for homeless families with children in need of child care.

Homeless shelters also work directly with the CCDF office to assist their clients obtain child care while their parent(s) try to seek housing and/or employment. This collaboration fosters smooth transitions and enhances and aligns the quality of service for infants and toddlers through school age children which enables the lead agency to link comprehensive services and develop a supply of quality care for these vulnerable populations. The homeless families/children applying for child care are prioritized.

CCDF provides consultation to the GELC: Social Emotional Wellness Work Group in the development of guidelines for children that have experienced toxic stress and are wards of the state. CCDF has provided input to ensure children that are homeless or wards of the state are provided child care services immediately to support the child's need for a stable and nurturing environment during the day and return to the foster parents, or emergency residential Shelters in the evenings.

- xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

The Department of Public Health & Social Services' Division of Public Welfare, Bureau of Economic Security (BES) plans, organizes, administers, directs and oversees the eligibility determinations for families receiving TANF program benefits. Families applying for Child Care can also apply for TANF at the same time. The application process is integrated and eligibility is determined in one process. The Work Programs Section under the Bureau of Management Support oversees the JOBS Program and assists eligible families with support services such as child care. Child care is funded through CCDF. The collaboration between the offices allows families obtain child care support services while they go back to school, obtain job training or work as a Community Work Employment Program (CWEPE) volunteer.

- xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:

The Department of Public Health & Social Services' Division of Public Welfare, Bureau of Economic Security (BES) plans, organizes, administers, directs and oversees the eligibility determinations for families receiving Medicaid and CHIP program benefits. Families applying for Child Care can also apply for medical assistance at the same time. The application process is integrated and eligibility is determined in one process.

- xiv. State/territory agency responsible for mental health. Describe the

coordination goals, processes, and results:

The GBHWC is responsible for mental health services. The parents eligible for the program needing child care services are referred to the DPHSS CCDF office. The collaboration between the two offices allows for smooth transitions for parents/children needing child care services. GBHWC is one of the key participants in the GELC. In addition, DPHSS: Karinu (meaning loving our babies) provides supports and services that have social emotional and/or behavioral challenges for young children to age 5. Should families or service providers have concerns regarding a child's social emotional development a referral may be made to Karinu. For children 5 and older, referrals are made to GBHWC.

xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:

The Department of Public Health & Social Services' Bureau of Management Support (BMS), Bureau of Social Services Administration (BOSSA), Guam Community College, Guam CEDDERS, collaborates in providing families with consumer education information about the availability of comprehensive services for children in the communities and information about choosing quality child care services.

xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results:

The Department of Public Health & Social Service's **45 licensed, and licensed-exempt** child care centers together with public and private schools, provide after-school care. The Department of Education has an after-school care, the ASPIRE program, which parents receiving CCDF benefits may use. The collaboration between the lead agency's CCDF office, daycare providers and the Guam Department of Education partners allow parents to secure after-school child care service which has developed into a supply of quality care for vulnerable populations. The coordination process fosters smooth transitions and promotes continuity of care. This includes children that are in foster homes and/or emergency shelters.

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:

The Guam Homeland Security- Office of Civil Defense is responsible for the emergency management and response in the state. The Department of Public Health & Social Services' Division of Public Health works closely with the Divisions within the department to include the Division of Public Welfare in establishing and maintaining a Continuity of Operations Plan (COOP). The department also works closely with the Guam Homeland in providing assistance and guidance for emergency management and response in the child care setting.

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

- i. State/territory/local agencies with Early Head Start – Child Care Partnership grants.
Describe: [Click or tap here to enter text.](#)

- ii. State/territory institutions for higher education, including community colleges.

Describe:

The DPHSS Office of Child Care continues to collaborate with the Bureau of Family Nursing Services: PDG – Birth to 5 and the GELC to make available training to child care providers to assist them in obtaining the required credentials to continue to work in the child care setting as required through the Guam Plan for Professional Development. The PDG – Birth to 5 in collaboration with the GELGs Leadership Team and the GELC will be updating Guam’s Plan for Professional Development. In addition, the CCDF office will continue to partner with other early care and education program in providing annual training for child care providers to support such topics as the “4-Key Steps for Early Identification” that includes importance of developmental monitoring and screening of children enrolled in center and family home settings; in social emotional development of young children; and developmentally appropriate practices to enhance children’s growth and development.

- iii. Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe:

Karinu (Meaning loving our babies) is Guam’s Early Childhood System of Care and works toward supporting young child wellness. Karinu provides developmental screening, referrals to agencies, enhanced home visitation, and family support activities. They also offer early childhood mental health clinical interventions and consultation for children with behavioral challenges. The Department of Education, Guam Early Intervention System of Service (GEIS) provides training to child care centers that enrolls children with disabilities in their center and may support individual child and family through a system of care wrap-a-round strategy.

- iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe:

Project Bisita I Familia (meaning “to visit the family” in Chamorro), is a collaborative project designed to plan, implement, and sustain an effective evidence- based home visiting program for at-risk children and their families. Guam’s vision is “*Our children and families will have healthy minds, bodies, & spirits for lifelong success.*” Project Bisita adopted this vision as its own to ensure that young children birth through age 5 and their families have access to evidence-based home visiting services that encompasses the health and well-being on the whole family, early learning, and child abuse and neglect. Project Bisita is Guam’s maternal, infant home visiting program is an intensive evidence-based service for pregnant mothers and teen parents using the Healthy Families of America model. The focus encompasses the health and well-being on the whole family, early learning, and child abuse and neglect prevention.

- v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:

The Bureau of Health Care Financing Administration under the Division of Public Welfare is responsible for the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program and this service is made available to our eligible clients.

- vi. State/territory agency responsible for child welfare.
Describe:

The Bureau of Social Services Administration (BOSSA) under the Division of Public Welfare is responsible for the child protective services (CPS) and the home evaluation placement and services section that oversees the adoption, custody, and child care licensing programs in Guam. The CCDF Office works closely with BOSSA to assist children under CPS custody to obtain child care services. Such cases are prioritized by the eligibility office.

- vii. Provider groups or associations. Describe:
Click or tap here to enter text.
- viii. Parent groups or organizations. Describe:
Click or tap here to enter text.
- ix.** Other. Describe: *The Lead Agency plans to build and or strengthen collaborative partnerships with programs that support accessible quality care to include but not limited to: Guam Department of Education, Guam Behavioral Health & Wellness Center, Department of Youth Affairs, Latte Treatment Center, Serenity, Global Dorm, and other similar organizations and programs that support continuity of care.*

1.5 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Optional Use of Combined Funds: States and territories have the option to combine CCDF funds with any required program in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)).

Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory Prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any programs identified in 1.4.1 (98.14(a)(3))?

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

- a. How you define “combine” [Click or tap here to enter text.](#)
- b. Which funds you will combine? [Click or tap here to enter text.](#)
- c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1. [Click or tap here to enter text.](#)
- d. How you will be combining multiple sets of funding, such as at the state/territory level, local level, program level? [Click or tap here to enter text.](#)
- e. How are the funds tracked and method of oversight [Click or tap here to enter text.](#)

1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)? Check all that apply.

Note: Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds. Use of PreK for Maintenance of Effort:

The CCDF Final Rule clarifies that public PreK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate PreK and child care services to expand the availability of child care while using public Prekindergarten funds as no more than 20 percent of the state’s or territory’s maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for PreK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

a. N/A—The territory is not required to meet CCDF matching and MOE requirements.

b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state-/territory-specific funds (tobacco tax, lottery), or any other public funds.

i. If checked, identify the source of funds: [Click or tap here to enter text.](#)

c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

i. If checked, are those funds:

A. Donated directly to the state?

B. Donated to a separate entity(ies) designated to receive private donated funds?

public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post- pandemic.

On March 16, 2020, the Executive Order of the Governor of Guam called for a “lockdown” on the island due to the COVID-19 Emergency Declaration. All businesses and non-essential workers of the government were ordered to stay home for social distancing and containment of the virus. All DPHSS workers were declared “essential.” However, most staff were detailed to do COVID work of investigation, quarantine, isolation, data collection, and more and were assigned to the airport, port authority, quarantine site, Public Health Lab, and various other sites. Lockdown was extended several times after the deadline to continue to keep families home and “flatten the curve” of positive COVID cases. In addition, a hugely significant event during this time period has been the historical closure of all child care centers and schools due to COVID-19. Families are staying home due to the pandemic and distance on-line instruction was made available to those who had the resources to continue their child’s academic learning at home.

On March 17, 2020, the Governor’s Office took over Neni 3-1-1 to support the COVID Hotline and until the new phone line for DPHSS Neni 311 was procured Neni 311 services was put on hold.

- During this COVID period, about 500 thermometers from the early childhood programs were disseminated to families by the nurses and outreach staff, so parents and caregivers could monitor the fever and symptoms of their families.
- All early childhood programs assisted in the dissemination of Flyers for the “Grab & Go” Lunches that have been distributed at selected School sites as part of the DOE Free & Reduced Lunch Program. This has been done mostly virtually via E-mail, Text, Messenger, Facebook, and WhatsApp to the families.
- Donations of assorted fruits (green apples, apples, and oranges) from the USDA and the Free and Reduced Lunch Programs have been made during this COVID Period. Early Childhood staff members have dropped bags of fruit and supplies to various homes at their doorstep during this reporting period.

The ELC Leadership Team continues to discuss options for the expansion of the 311 line in support of the COVID 19 challenges that families and children continue to experience. The GELC Leadership Team continued to discuss and collaborate on the following:

- That all Karinu staff assigned to COVID-19 duties, all referrals for children birth to 3 were sent to GEIS and for children aged 3 to 5, referrals were sent the DOE Early Childhood Special Education Services to reconnect with families.
- At this meeting, the team shared the different resources that parents could access due to the COVID-19 pandemic. The team agreed to include this information on the GELC website and that all other programs could link the information to their individual program website. Listing of resources were compiled and disseminated to each program to share with families of tips and ideas in working with their children during these challenging times.
- GELC discussed the importance of monitoring your child’s development by encouraging the use of the Learn The Signs Act Early App and other resources.

The ELC Leadership Team held meetings to review the information on the In-Person activities for early childhood programs that are complying with the requirement of the CDC due to the COVID-19 pandemic. Different early childhood programs shared guidance and their plan for in-person Phase-In Early Childhood Service Guidelines.

On February 17, 2021, the Guam Early Learning Council Early Identification and Prevention

workgroup developed parent online survey to gather data on the impact of families during the COVID-19 Pandemic. The results of the survey were presented to the GELC Leadership Team and will be used as part of Guam's PDG Birth to Five needs assessment report.

1.6.1 Identify and describe the entities with which and the levels at which the state/territory is partnering (level-state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)).

The Governor of Guam's Executive Committee for Systems of Care (ECSOC). The ECSOC is made up of the directors of child-serving agencies, which include the Guam Behavioral Health and Wellness Center (GBHWC), the Department of Public Health and Social Services (DPHSS), the Department of Youth Affairs (DYA), the Guam Police Department (GPD), Department of Integrated Services for Individuals with Disabilities/Division of Vocational Rehabilitation (DISID/DVR), the Department of Administration (DOA) and the Judiciary of Guam. This collaboration will assist families obtain services to address concerns with behavioral issues with their child and to avoid the stress of having to navigate through various offices to obtain assistance.

1.7 Coordination with Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the state.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities

of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

Nothing in the statute or rule prohibits states from using CCR&R agencies to conduct or provide additional services beyond those required by statute or rule.

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

1.7.1 Does the Lead Agency fund local or regional CCR&R organizations?

- No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.
- Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated: *The Lead Agency plans to establish and support a Child Care Resource and Referral network that, in addition to all other requirements in accordance with (658E(c)(3)(B)(iii); 98.52), provides parents a full range of childcare options within the territory, offers supportive services through working directly with families to ensure they enroll their child/ren in the most appropriate child care setting available.*

1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

1.8.1 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

- No
- Yes. If yes, describe the elements of the plan that were updated:

Guam has not completed the Child Care Disaster Plan. Prior to the pandemic, there was some work in progress to establish a unified policy with the timeline to complete by September 30, 2020. Efforts were made to gather information and/or meet with the Department of Public Health & Social Services, Division of Environmental Health, Child Care License Office, Guam Homeland Security-Office of Civil Defense, the Guam Fire Department, and other stakeholders to accomplish this requirement.

Currently the Department of Public Health & Social Services continues to implement the Continuation of Operation Plan (COOP) and is represented in Guam Homeland Security – Office of Civil Defense’s Joint Information Center during emergencies or disasters as a response Assistance Coordinator (RAC). In the interim of developing this plan, temporary operating standards, during and after a disaster are subject to the Governor signing a proclamation of a state of emergency or public health emergency.

DPHSS-Division of Environmental Health has required Child Care Providers to submit a facility mitigation plan which identifies their mitigation measures as required in EO No. 2020-14 and DPHSS Guidance Memorandum 2020-21, 2020-22.

Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State and Care or similar coordinating body:

The CCDF Program along with the GELC, Family Health Information Resource Center, PDG is part of the collaborative work in partnership with the DPHSS Maternal Child Health (MCH) Program as a member of the *Emergency Preparedness and Response Action Learning Collaborative (EPR ALC)*, from the Centers for Disease Control and Prevention (CDC) Division of Reproductive Health (DRH). Goals of this EPR ALC are to test MCH preparedness checklists and will create an action plan detailing protocol for integrating MCH into the state response plan and compiling a statewide list of MCH and EPR partners with contact information. The work group will focus on developing and testing strategies to:

- *Integrate MCH into the overall state EPR plan*
- *Gather epidemiologic/surveillance data on women of reproductive age and infants*
- *Promote EPR communication and MCH clinical, public health and governmental partnerships; and use public health programs, interventions, and policy to protect/promote MCH and prevent disease and injuries in emergencies*

***FY2019-2021 (1.8.2 was revised and 1.8.3/1.8.4 was eliminated)*

1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

- a. The plan was developed in collaboration with the following required entities:
 - i. State human services agency
 - ii. State emergency management agency
 - iii. State licensing agency
 - iv. State health department or public health department
 - v. Local and state child care resource and referral agencies
 - vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- b. The plan includes guidelines for the continuation of child care subsidies.
- c. The plan includes guidelines for the continuation of child care services.
- d. The plan includes procedures for the coordination of post-disaster recovery of

child care services.

- e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - i. Procedures for evacuation
 - ii. Procedures for relocation
 - iii. Procedures for shelter-in-place
 - iv. Procedures for communication and reunification with families
 - v. Procedures for continuity of operations
 - vi. Procedures for accommodations of infants and toddlers
 - vii. Procedures for accommodations of children with disabilities
 - viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

Guam has not completed the statewide Child Care Disaster Plan. However, the work is still in progress and the CCDF office is currently receiving extensive technical assistance provided by OCC to accomplish this requirement. Technical assistance is being provided on a weekly basis. Collaborative effort continues between stakeholders. Upon completion, the plan will be available in DPHSS's temporary website at: <http://dphss.guam.gov/guamchildcare/> and will be updated in the fully developed webpage.

2 Promote Family Engagement Through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to “promote involvement by parents and family members in the development of their children in child care settings” (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. OCC expects that Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families, the general public and child care providers to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children’s development, including their social-emotional development, is shared.

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

2.1 Outreach to Families with Limited English Proficiency and Persons with Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and child care providers with disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

- 2.1.1** Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.
- a. Application in other languages (application document, brochures, provider notices)
 - b. Informational materials in non-English languages
 - c. Website in non-English languages
 - d. Lead Agency accepts applications at local community-based locations
 - e. Bilingual caseworkers or translators available
 - f. Bilingual outreach workers

- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. Other. Describe: *DPHSS: Family Health Information Resource Center; Micronesian Resource Center One-Stop Shop (MRCOSS); and the Village Mayor's Office*

2.1.2 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.

- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities.
- b. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act)
- c. Caseworkers with specialized training/experience in working with individuals with disabilities
- d. Ensuring accessibility of environments and activities for all children
- e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- h. Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other. Describe: *Click or tap here to enter text.*

2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16 (s); 98.32(d)).

2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:

Parents are able to call the CCDF office's main line at (671) 735-7344 or 735-5256 to file a complaint or parent can contact the Social Services Licensing Officer or

the Division of Environmental Health directly.

Guam Administrative Rules & Regulations Title 26 Section 1102.11 Right of Entry, Inspection, and Investigation:

- In the event of a complaint, authorized representative of the Department shall have the right to enter private property to verify and validate the allegations. The Guam Police Department shall render assistance to the Department in these cases as needed.
- Authorized representatives of the Department shall be authorized to visit a child care facility at any time during the hours of child care operation for purposes of observing, monitoring and inspecting the facilities, activities, staffing and other aspects of the child care facility.
- The licensee shall cooperate with the Department by providing access to its facilities, records, staff and children in care. Failure to comply with reasonable requests may constitute grounds for denial, suspension, or revocation of the license.
- The DPHSS currently has an established hotline where parents are able to call the Investigation Recovery Office anonymously at (671) 475-KEHA; DPHSS: BOSSA - Child Care Protective Services: (671) 475-2672; the CCDF Office at (671) 735-7344/7265; Social Services License officer and DPHSS, Division of Environmental Health at (671) 475-2603.
- Complaint forms are available at Department of Public Health & Social Service <https://dphss.guam.gov/division-of-public-welfare/>, or requested through email at childcare@dphss.guam.gov
- The process of substantiating a complaint includes reviewing the allegations, conducting interviews, reviewing the evidence which includes but is not limited review of documents, on-site visit. Dispute resolution that may require a mediator through a Fair Hearing Process. DPHSS, Bureau of Management, CCDF Section maintains a statistical report of complaints made directly to the Investigation Recovery Office and may be available to parents upon request. Statistical reporting can be made available in CCDF's temporary website at <https://dphss.guam.gov/division-of-public-welfare/>. However, to date there have not been any complaints made.

2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

The Lead Agency responds to a complaint within 24 hours and such complaints are forwarded to the Social Services Licensing Officer (Child Care Licensing) for investigation. Should the case warrant an investigation from Child Protective Services (CPS), the Licensing Officer will work collaboratively with the assigned Social Worker. CPS has its mandated protocols and timelines that they must meet.

If the complaint is related to sanitation or environmental health the Lead Agency will inform the Licensing Officer who will investigate if the complaint warrants the intervention of the Division of Environmental Health (DEH). If the complaint is deemed so, the Licensing Officer will work collaboratively with the DEH Inspector.

DEH has its mandated protocols and timelines they must meet.

2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

DPHSS, Bureau of Social Services & Administration, Child Care License & CCDF Office maintains substantiated parental complaints received and/or referred by the parents, the Division of Environmental and the general through a data base system integrated for the use of DPHSS employees. There is no difference in processes for CCDF and non-CCDF Providers.

(2.2.3) Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring:

All child care providers are governed by the same rules and regulations. Complaints for non-CCDF providers are handled the same way as CCDF providers:

The Lead Agency responds to a complaint within 24 hours and such complaints are forwarded to the Social Services Licensing Officer (Licensing Officer) for investigation. Should the case warrant an investigation from Child Protective Services (CPS), the Licensing Officer will work collaboratively with the assigned Social Worker. CPS has its mandated protocols and timelines that they must meet.

If the complaint is related to sanitation or environmental health the Lead Agency will inform the Licensing Officer who will investigate if the complaint warrants the intervention of the Division of Environmental Health (DEH). If the complaint is deemed so, the Licensing Officer will work collaboratively with the DEH Inspector. DEH has its mandated protocols and timelines they must meet.

2.2.4 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:

The Lead Agency has not completed the implementation of its website with provider search functionality. Once the website is implemented, the agency intends to post a redacted version with non-confidential information for substantiated complaint reports.

2.2.5 Provide the citation to the Lead Agency's policy and process related to parental complaints:

Guam Administrative Rules & Regulations Title
26 Section 1102.11 Right of Entry, Inspection and
Investigation

Note: This regulation enacted through Public Law 31-73 will be updated as required in statute.

2.3 Consumer Education Website

States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

- 2.3.1** Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

Guam had intended to complete this requirement prior to pandemic with the timeline in place to complete prior to 9/30/2020. Discussions were ongoing between CCDF representatives, the IT representatives, and a vendor who is exempted by the procurement process. Unfortunately, Guam faced challenges as Guam remained in lockdown status and government/private agencies were closed for a few months. This situation has significantly changed the timeline and ultimately the vendor could not provide the services due to lack of resources and economic reasons. As a result, Guam reverted to a different option, and developed a temporary website within the agency's website at: <http://dphss.guam.gov/guamchildcare/>. This temporary website is easily accessible and has in place 3 out of the 12 required consumer components that may be accessed on the child care website: 1) Child Care Resources and Referral Agency is an integral part of the CCDF Program and has the latest information of child care centers that families may access information; 2) Licensing and Monitoring Process; and 3) Contact information for Lead Agency with continued efforts to meet this requirement on or before September 30, 2021.

The following information for the components listed below are readily available and will be embedded as part of the expansion of the Child Care website:

- Component 7: Zip Code Search. Information is provided by regions within the island community: Northern, Central, and Southern Region.
- Components 8 - 12: Monitoring Reports; Quality Rating; Three Years of Monitoring Data; Data of Last Inspection; and Corrective Action

The CCDF Program is able access to access the following information and plans to expand the current website to include the following information:

- Component 4: Death of Child Care Settings (Aggregate Data) is reported annual to the GELC. As per Public Law: XXX Guam Commission for Child Death Review and Prevention.
- Component 5: Injuries in Child Care Settings (Aggregate Data) is collected by the Child Care Licensing Office.
- Component 6: Child Abuse Cases Child Care Settings (Aggregated Data on Substantiated Cases) is collected by BOSSA Child Protective Services and by the Child Care Licensing Office

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)): *Click or tap here to enter text.*

The CCDF Program will continue to use the current temporary website and will be expanding to include and or embed additional state and provider level consumer information. During the interim period, until a compliant website is launched, the CCDF office will provide interpreter services at no cost for persons who speak languages other than English to access the resource and referral information.

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities: *Click or tap here to enter text.*

Until a compliant website is launched, the CCDF office will continue to provide reasonable accommodations for persons with disabilities to access the resource and referral information and services.

2.3.4 Provide the specific website links to the descriptions of the Lead Agency’s processes related to child care.

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a)(1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

- a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2:

During the interim of a permanent website, Guam will utilize the temporary website at: <http://dphss.guam.gov/guamchildcare/>

The temporary website includes the procedures of “How to Become a Certified CCDF Provider” with downloadable information and available links as it relates to the licensing.

- b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:
 During the interim of a permanent website, Guam will utilize the temporary website at: <http://dphss.guam.gov/guamchildcare/> while simultaneously processing the procurement for the permanent website. The temporary website includes the requirements and federal and local regulations with downloadable information, forms, and available links as it relates to the licensing.
- c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

Guam has not completed the implementation of the required state level and provider level consumer education website but the Guam CCDF Office will be working with the website development contractor to complete the required functionalities and will continue to utilize the temporary website at <http://dphss.guam.gov/guamchildcare/> during this development period.

- d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

Guam’s temporary website at <http://dphss.guam.gov/guamchildcare/> will be updated to include the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds.

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

- a. Provide the website link to the list of child care providers searchable by ZIP code:

During the interim period, until a compliant website is launched, the CCDF office currently has on the temporary website (<http://dphss.guam.gov/guamchildcare/>) a list of all the 45 providers with their addresses and zip codes. Although currently not searchable by zip code, pertinent information such as provider name, director, location, village, zip code, contact number, and email address are listed.

The temporary website includes the procedures of “Need Child Care Assistance” and “Search For Child Care” by Village, By Zip Code By Region (Northern, Southern Central), with downloadable information, forms and links.

- b. In addition to the licensed providers that are required to be included in your searchable list, are there additional providers included in the Lead Agency’s searchable list of child care providers (please check all that apply)?
 - i. License-exempt center-based CCDF providers
 - ii. License-exempt family child care (FCC) CCDF providers

- iii. License-exempt non-CCDF providers
- iv. Relative CCDF child care providers
- v. Other. Describe: *Not Applicable*

c. Identify what informational elements, if any, are available in the searchable results. Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All Licensed Providers	License-Exempt CCDF Center-based Providers	License-Exempt CCDF Family Child Care Home Providers	License-Exempt Non-CCDF Providers	Relative CCDF Providers
Contact Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours, days and months of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d. Other information included for:

- i. All Licensed providers. *Not Applicable*
- ii. License-exempt CCDF center-based providers. *Not Applicable*
- iii. License-exempt CCDF family child care providers. *Not Applicable*
- iv. License-exempt, non-CCDF providers. *Not Applicable*
- v. Relative CCDF providers. *Not Applicable*

2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

- a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?
 - i. Quality rating and improvement system
 - ii. National accreditation
 - iii. Enhanced licensing system
 - iv. Meeting Head Start/Early Head Start Program Performance Standards
 - v. Meeting Prekindergarten quality requirements
 - vi. School-age standards, where applicable
 - vii. Other. Describe: *Click or tap here to enter text.*

Guam has not completed the implementation of the required state level and provider level consumer education website that is consumer-friendly and easily accessible with the provider search functionality. The Guam CCDF Office is working with the website development contractor to complete the required functionalities to include the quality ratings of providers who participated in the QRIS Pilot program.

- b. For what types of providers are quality ratings or other indicators of quality available?

- i. Licensed CCDF providers. Describe the quality information:
Click or tap here to enter text.
- ii. Licensed non-CCDF providers. Describe the quality information:
Click or tap here to enter text.
- iii. License-exempt center-based CCDF providers. Describe the quality information:
Click or tap here to enter text.
- iv. License-exempt FCC CCDF providers. Describe the quality information:
Click or tap here to enter text.
- v. License-exempt non-CCDF providers. Describe the quality information:
Click or tap here to enter text.
- vii. Relative child care providers. Describe the quality information:
Click or tap here to enter text.
- viii. Other. Describe: *Implemented ratings for Group 1 and Group 2 providers who participated in the program.*

2.3.7 Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider’s failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

- a. Does the Lead Agency post? (check one):
- i. Full monitoring reports that include areas of compliance and non-compliance.
 - ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance. If checked, provide a direct URL/website link to the website where a blank checklist is posted.

Guam has not completed the implementation of the required state level and provider level consumer education website that is consumer-friendly and easily accessible with the provider search functionality. The Guam CCDF Office is working with the website development contractor to complete the required functionalities which will include monitoring reports conducted by all regulatory agencies to include but not limited to the Division of Environmental Health, Child Care Licensing, Guam Fire Department, and Department of Public Works.

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

- Date of inspection
- Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: *Such violations will be indicated and posted in a prominent area at the child care facility visible to the public via inspections reports.*
- Corrective action plans taken by the state and/or child care provider. Describe:
- A minimum of 3 years of results, where available.

c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken.

- i. Provide the direct URL/website link to where the reports are posted. *During the interim period, until a compliant website is launched, the CCDF office will include direct links to reports on the temporary website (<http://dphss.guam.gov/guamchildcare/>)*
- ii. Describe how the Lead Agency defines timely posting of monitoring reports. *Reports are posted in the child care facility within 24 hours of inspection and no more than 90 days after the inspection.*

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

- i. Provide the Lead Agency's definition of plain language. *The Lead Agency follows the universal definition of plain language: communication is clear, concise, and well-organized such that the intended audience may easily find what they need, understand what they find, and use what they find to meet their needs.*
- ii. Describe how the monitoring and inspection reports or the summaries are in plain language. *Monitoring and inspection reports clearly identify the territory regulations and check marks are noted in the areas of compliance, non-compliance, or not applicable. Comments are indicated in the available comment boxes if needed. Inspection reports providing summaries for non-compliances are clearly written and the violation is identified with each summary.*

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

Inaccuracies are corrected immediately during the facility inspection if needed and /or are made accordingly during the facility inspection report review with the child care provider on the same day.

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

- filing the appeal
- conducting the investigation
- removal of any violations from the website determined on appeal to be unfounded.

Guam is in the process of implementing the required state level and provider level consumer education website that is consumer-friendly and easily accessible with the

provider search functionality. The Guam CCDF Office is working with the website development contractor to complete the required functionalities.

26GAR - Public Health & Social Services Section 1119 Right to Appeal: The provider will be notified in writing through a Notice of Adverse Action by the Director 10 days prior to the effective date of the agency's action to deny, suspend or revoke the license. Except for a suspension in an emergency as outlined in section 1118.3, the child care facility affected by an adverse action may initiate an appeal by means of a written request to the Department within 10 working days after the licensee has been served written notice. Failure to request within the timeframe will constitute a waiver of right to a hearing.

26GAR - Public Health & Social Services Section 1120 Hearing: Upon receipt of a request for a hearing, the Director shall arrange to hear the appeal of the child care facility within 20 working days following receipt of the written request. The Director shall make a final determination to repeal or stay any denial, suspension or revocation upon the completion of a hearing.

- 8. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)). *The Lead Agency plans to make monitoring and inspection reports available on the consumer website for a minimum of three (3) years. Policy regarding the removal of reports from the consumer website are in development.*

- 2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

- a. Certify by providing:
 - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity. *Bureau of Social Services, Child Protective Services. The lead agency is in the process of establishing a cooperative agreement with the Bureau of Social Services Administration who currently maintains this data in order to obtain this information.*
 - ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement.

19 GCA Personal Relations Ch. 13 Child Protective Act: "Substantiated means a report made

pursuant to this Chapter if there has been any judicial adjudication based on a finding that a child who is a subject of the report is an abused or neglected child;"

ii. The definition of "serious injury" used by the Lead Agency for this requirement.

9 GCA Personal Relations Ch. 13 Child Protective Act: "Harm to a child's physical health or welfare occurs in a case where there exists evidence of injury, including but not limited to: (1) any case where the child exhibits evidence of: (A) skin bruising or any other internal bleeding; (B) any injury to skin causing bleeding; (C) bur or burns; (D) poisoning; (E) fracture of any bone; (F) subdural hematoma; (G) soft tissue swelling; (H) extreme pain; (I) death ...

b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

- i. the total number of serious injuries of children in care by provider category/licensing status
- ii. the total number of deaths of children in care by provider category/licensing status
- iii. the total number of substantiated instances of child abuse in child care settings
- iv. the total number of children in care by provider category/licensing status

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

Guam has not completed the implementation of the required state level and provider level consumer education website that is consumer-friendly and easily accessible with the provider search functionality. The Guam CCDF Office is working with the website development contractor to complete the required functionalities and include this information. In the interim of the permanent website, this information will be included in the temporary website <http://dphss.guam.gov/guamchildcare/> once the information is obtained from the Bureau of Social Services Administration, Child Protective Services.

2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

Guam has not completed the implementation of the required state level and provider level consumer education website that is consumer-friendly and easily accessible with the provider search functionality. The Guam CCDF Office is working with the website development contractor to complete the required functionalities. The current temporary website <http://dphss.guam.gov/guamchildcare/> has a link of child care providers with information on contact phone numbers and email addresses.

2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:

During the interim of a permanent website, the CCDF office was able to establish a temporary website at: <http://dphss.guam.gov/guamchildcare/> and continued efforts are made to meet this requirement on or before September 30, 2021. The temporary website includes the "About" tab which identifies lead agency contact information.

Parents can also email childcare@dphss.guam.gov to obtain information and an application form.

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2.3.11 Provide the website link to the Lead Agency’s consumer education website. Note: An amendment is required if this website changes.

During the interim of a permanent website, the CCDF was able to establish a temporary website at: <http://dphss.guam.gov/guamchildcare/> and continued efforts are made to meet this requirement on or before September 30, 2021.

2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

The Lead Agency shares information with parents and the general public through the <http://dphss.guam.gov/guamchildcare/website>, telephone inquiries, and office visits. Copies of the child care listing are made available through email or hard copy from the CCDF Office. The Child Care Directory provides information on all the licensed child care providers such as: rates, age group, hours of operation, capacity, contact phone numbers, and email address.

The child care listing is updated regularly by the Social Services Licensing Officer who disseminates the listing via email to all partners such as GCC, Welfare Office, Work Programs Section (WPS) (JOBS/E&T), and early care and education programs.

This information will be made available on our Child Care Website upon launch, to include resources and activities that provide awareness to the available public and private childcare settings that may serve children with disabilities.

The following are other information outlets that families may access information on child care services shared via embedded links on our temporary website to our early care partners--

- Neni Directory of Service is a listing of services and supports inclusive of child care services is updated every 2 years by representatives from the different early care and education serving agencies. The Neni Directory is disseminated to families in print and electronic formats for information on family supports, health, and education.
- Neni 311 centralized phone access point. Early Childhood partners share the responsibility of manning the 3-1-1 line. Care Coordinators from both health and education programs have received training to link families to resources that address parents’ concerns about health, development, behavior and learning of their young

child. However, in November 2019, Neni 3-1-1 services was postponed due to a major fire at the DPHSS: Central Public Health building that housed the centralized phone system and again with the COVID 19 pandemic. The Neni 311 will reconvene the services and will be part of the 311 by Summer 2021.

2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

a. Temporary Assistance for Needy Families program:

The Lead Agency works closely with the Work Programs Section (WPS) which oversees the TANF JOBS and SNAP E&T Programs. CCDF coordinates with WPS to fund the child care support services for TANF clients. The Child Care Directory is provided to WPS staff and Social Workers to share with their clients. All programs are integrated, thus if a client is applying for child care and TANF and the public assistance programs, eligibility is determined and processed at one.

Information will be made available on the childcare website once launched.

b. Head Start and Early Head Start programs:

The Lead Agency collaborates with the Department of Education's Head Start and Early Pre-School programs and shares information on child care services via email, through telephone contact or in person. Parents with children in these types of settings, avail of after school care and full-time care during extended school breaks, such as Christmas or summer breaks.

Information will be made available on the childcare permanent website, Neni 311 and Neni Directory of Services.

c. Low Income Home Energy Assistance Program (LIHEAP): *Not applicable in Guam*

d. Supplemental Nutrition Assistance Program (SNAP):

The eligibility process for CCDF is integrated with all public assistance programs under the purview of the Bureau of Economic Security which includes TANF, SNAP, Medicaid, Medically Indigent Program. Clients under the CCDF go through one eligibility determination process. Information will be made available on the childcare website.

e. Women, Infants, and Children Program (WIC) program:.

Most of our CCDF clients participate on all other public assistance programs that they qualify for to include WIC. However, more efforts will be made to foster closer collaboration with the WIC program to provide WIC participants with information on CCDF program benefits and eligibility information. Information will be made available on the childcare website

f. Child and Adult Care Food Program (CACFP):

The CACFP program grant is managed by the Guam Department of Education's

(GDOE) Food Nutrition Services Division (FNSD). The FNSD CACFP information on program benefits and requirements will be posted and available on the lead agency's childcare website.

g. Medicaid and Children's Health Insurance Program (CHIP):

The eligibility process for CCDF is integrated with all public assistance programs under the purview of the Bureau of Economic Security which includes TANF, SNAP, Medicaid, CHIP, Medically Indigent Program. Clients under the CCDF go through one eligibility determination process. Information will be made available on the childcare website

h. Programs carried out under IDEA Part B, Section 619 and Part C:

The Lead Agency collaborates with the Department of Education's Head Start and Early Pre-School, Special Education (Sped) and Guam Early Intervention programs and shares information on child care services via email, through telephone contact or in person. The Lead Agency also plans to build partnership and collaboration with organizations such as Hunter Speaks and or similar organizations that offer behavior interventionist training or training by behavior interventionists for providers, parents, and other relatives. These collaborative efforts will support and enhance parental choice options of the most appropriate child care settings for their child's needs.

2.4.3 Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
 - parents
 - providers
 - the general public
- any partners in providing this information

Description:

- The lead agency, in collaboration with other early care programs provide information to populate the Neni Directory of Services. Neni Directory of Services is a listing of services and supports that is updated every 2 years by representatives from the different early care and education serving agencies. The Neni Directory is disseminated to families in print and electronic formats for information on family supports, health, and education.
- The lead agency assists in printing and disseminating the Guam Early Learning Guidelines (GELGs): The GELGs for Young Children Ages Birth to 36 months and Three to Five was first developed in 2002 and 2005. The GELGs provide information of what children should know and be able to do. GEIS continues to provide a copy of the GELGs to families of children receiving early intervention services. The GELGs is a resource that shows parents what they could do to support their child's development and provides ideas of activities that will support their child's growth and development. GEIS uses the GELGs as one of the tools to

age anchor a child's skills when completing the Child Outcome Summary measures.

- Other media outlets provide information to parents, such as, GEIS Para I Man Neni -Family Information Blast; the Family Health Information Resource Center, and GELC Face Book.
- The CCDF Office collaborates closely with the SNAP-Ed (Supplemental Nutrition Assistance Program Education) and EFNEP (Expanded Food and Nutrition Education Program) Programs and have available their training schedules on the childcare website.

2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,
- how the information is provided, and
- how information is tailored to a variety of audiences, and
- include any partners in providing this information.

Description:

The CCDF Program collaborates with other early childhood care and education programs to provide training on Social and Emotional Development for child care providers. CCDF Program continues to partner with the PDG Birth to 5 to offer training for all levels (parents and providers). Specific training in partnership with early care and education programs continues to be offered to child care providers to include but not limited to --

- Social Emotional and Behavioral Training provided by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) Infant/Toddler, Preschool, and Pre-K Parent Modules to increase knowledge for ECCE providers and parents in the social emotional development for young children. CSEFEL is evidence-based and provides strategies to families and service providers in addressing challenging behaviors in early childhood. Over 40 service providers across health and education programs were trained to facilitate the pyramid model modules. The initiative works across agencies to promote the use of the pyramid model in center-based childcare facilities, preschool programs, child-serving agencies and programs, parents, and caregivers. The ELC: Social Emotional workgroup plans to offer training on trauma-informed care as a component for ensuring the needs of the whole child and family are met following traumatic events.
- Karinu in partnership with Guam CEDDERS facilitated training on CSEFEL Positive Solutions for Families Cultural Modification. The training focused on reviewing the Positive Solutions for Families training to be culturally responsive for Micronesians and Pacific Islanders and plans to expand the cultural modifications for other ethnicities.
- Island-wide Developmental and Behavioral Screening System (iDBSS): Guam's island-wide Developmental and Behavioral Screening System (iDBSS) for children birth to age three has in place policies and procedures that were endorsed by the ELC and is included in the standard operating procedures in every early childhood serving agency. The iDBSS is an integrated screening, referral, and service delivery system for children birth to age three years that is culturally and linguistically competent and respectful of the diverse ethnic cultural backgrounds that make up the island community. The purpose of the iDBSS is to identify children with or at risk for disabilities in the early years, and if eligible, access early intervention and or other early childhood services. Embedded in the iDBSS is the Universal Referral and Intake Process and the Learn The Signs Act Early (LTSAE) developmental monitoring process. Through the support of the ELC, a Memorandum of Understanding (MOU) with early childhood serving agencies was signed in August 2014 to use the Universal Referral and Intake Process form as a way to assist programs in

helping families navigate through the health and early care and education system and to ensure families receive the appropriate services for their child. The purpose of the LTSAE was to assist parents in monitoring and tracking their child's development. LTSAE provides resources to assist parents in understanding their developmental milestones and shares parent engagement activities to identify children with developmental delays/disabilities and autism spectrum disorder (ASD). The LTSAE developmental monitoring has since been embedded into the iDBSS standard operating procedures. In addition, Guam's Act Early Ambassador cofacilitates training with GEIS to provided training to the child care providers on the 4-Key Steps for Early Identification. The 4 steps include—1) parent engaged developmental monitoring; 2) Screening; 3) referral for early intervention or early childhood preschool special education services; and 4) Receipt of early intervention and special education preschool services.

- The Guam Early Learning Council (GELC) Social Emotional Wellness Work Group continues to pilot processes for ensuring children that access services from 2 or more agencies are coordinated through this work group. For example, **Multi-Agency Workgroup Tier 3:** As a result of strong collaboration among programs, policies and procedures were developed and piloted on processes for working to ensure wrap around services are provided for young children with social emotional challenges that are wards of the State. These young children receive services from multiple agencies, such as the judiciary, Child Protective Services, GEIS or Kariñu: Guam's Early Childhood System of Care for Young Children. Procedures were developed to ensure agencies are immediately notified and supports such as childcare are provided that would allow for a safe, stable, and nurturing environment. The workgroup is working closely with DPHSS - Child Development Fund Program to offer social emotional training for childcare providers to support children that may need targeted or intensive individual supports.

2.4.5 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

Currently there are no regulation or policies that addresses expulsion or suspension. The Guam CCDF Office will develop program policy to address this issue. It is also our intent to incorporate this topic in the update of the child care law, P.L. 31-73.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include:

- Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance.
- Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)).

This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for

children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

- a. How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

The CCDF Program is a member of the ELC Leadership Work Groups and participates at the Guam Early Learning Council quarterly meetings. The GELC Early Promotion and Identification (EPI) Work group monitoring the implementation of the Guam's island-wide Developmental and Behavioral Screening System (iDBSS). Guam's iDBSS for children birth to age three has in place policies and procedures that were endorsed by the ELC and is included in the standard operating procedures in every early childhood serving agency. The ELC EPI workgroup provides information on the iDBSS to clinic and physicians throughout the island. In efforts to sustain the importance of developmental monitoring and screening the early care and education programs continues to ensure that trainers on that promote developmental monitoring using the Learn the Signs Act Early (LTSAE) materials and the developmental screening tool (Ages and Stages Questionnaire). In addition, information on developmental monitoring and developmental screening are included in the Neni 311 Centralized phone access point that parents or providers have questions regarding screening and how to access information and or screening for their child. The CCDF Program in partnership of the PDG Early Learning Council Leadership Team plans to continue to promote the importance of developmental monitoring and screening for young children through public awareness campaigns.

The CCDF Program in coordination with the PDG Birth to Five has plans to continue to provide training on how to administer the LTSAE developmental checklist and the Ages and States Questionnaire 3rd Edition, thus enabling the providers to conduct the screening on the children in their day care. The CCDF Program will continue to encourage childcare providers to conduct and complete the LTSAE Developmental Checklist and the Ages and Stages screenings for the children enrolled at their respective centers. Should information require the need for further diagnostic evaluation, child care providers are encouraged to provide to the parent supporting information.

- b. The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

The Bureau of Health Care Financing Administration (BHCFA) under the Division of Public Welfare, oversees the EPSDT program. Most clients under Medicaid are aware of this program and those who are not, who go in for referral or prior authorization for a well-baby check or child physical, are referred for EPSDT. Brochures are available for clients at the lobby of the Bureau of Economic Security. The CCDF Office will increase collaboration with BHCFA and plan for more outreach to the Medicaid families under the CCDF program.

- c. How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

The CCDF Program has in place policy and procedures for the implementation of Guam's Island-wide Developmental and Behavioral Screening System (iDBSS) that has a signed Memorandum of Understanding (MOU) between early childhood serving agencies to include DPHSS, Guam Behavioral Health and Wellness Center, Department of Education. The CCDF Program will continue to make available to Child Care Providers copies of the procedures and will encourage them to include this into their procedures within their individual child care programs. The iDBSS includes in the procedures the policy the Universal Referral Form that all agencies are using to ensure referrals across programs are made. In March 2021, training was provided for 65 child care providers on the *4-Key Steps for Early Identification* that was facilitated in partnership with Guam's Act Early Ambassador, Guam Part C and Part B, and the University of Guam CEDDERS. The 4-Key Steps include: 1) Importance of parent engaged developmental monitoring; 2) Developmental Screening; 3) Referral for early intervention and / or early childhood special education preschool services; and 4) Receipt of early intervention services and or early childhood special education preschool services.

- d. How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

In 2017 in partnership with the CCDF Program, child care providers received training from Guam CEDDERS (Center for Excellence in Developmental Disabilities Education Research and Service) on how to complete the Ages and States Questionnaire 3rd Edition, thus enabling the providers to conduct the screening on the children in their day care. Those centers that attended the training received an Ages and Stage Questionnaire-3 Kit. In addition, copies of the procedures on the iDBSS were provided to child care center and are encourage for center in embed these procedures into their child care procedures.

The child care providers may conduct and complete the Ages and Stage Questionnaire screenings for the children enrolled at their respective centers. The information collected by the childcare centers, after screenings are completed of children that may be at risk and need further diagnostic evaluation, is provided to the Guam Part C Program (GEIS) or Special Education or Karinu for meeting with parents and sharing the next steps of the referral/intake process. If the findings support the need for additional evaluation, parents are referred to GEIS or ECSE Program to discuss the process and next steps.

- e. How child care providers receive this information through training and professional development.

The Ages and Stage Questionnaire training was offered 4-5 years ago by the University of Guam's (UOG) Center for Excellence in Developmental Disabilities Education Research and Service (Guam CEDDERS). However, the Child Care Office in partnership with the PDG Birth to 5 will be offering training for child care providers within in the next year. In addition, training is currently begin offered for Child care providers on the 4-Key Steps for Early Identification. This training embeds the use of the CDC Learn the Signs. Act Early (LTSAE) developmental monitoring checklist and other resource to promote parent

engaged developmental monitoring. Each participant that attended the training were provided LTSAE Materials and received a certificate of completion.

- f. Provide the citation for this policy and procedure related to providing information on developmental screenings.
- 26GAR Public Health & Social Services, Div. 1, Section 1101.5(r)
 - The Guam Early Learning Guidelines Birth to 36 Months Appendix B, addresses Observations and Assessments
 - Ages and Stages Questionnaires 3rd Edition Training for child care providers
 - Island wide Developmental & Behavioral Screening System (iDBSS) Policy and Guidance that was approved by the Guam Early Learning Council and the signed MOU by the different agencies.

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

2.6.1 Certify by describing:

- a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

The CCDF Program will continue to encourage parents to access the website at: <http://dphss.guam.gov/guamchildcare/> for information to parents on the health and safety requirements and the record of the provider that they have selected. The CCDF Program has plans for expanding the current website for ensuring all the components are included.

All participants approved to receive assistance, SNAP, TANF, Medicaid and/or CCDF, receive a consumer statement, which we call a Notice of Action (NOA). This notice of action is mailed to the participants and it informs them of their eligibility and for what programs. For child care, the NOA indicates the period of eligibility, renewal date, benefit amount, Eligibility Specialist who processed the case, rights and responsibilities and notice of right to a fair hearing.

- b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.
- Health and safety requirements met by the provider
 - Licensing or regulatory requirements met by the provider
 - Date the provider was last inspected
 - Any history of violations of these requirements
 - Any voluntary quality standards met by the provider

- How CCDF subsidies are designed to promote equal access
- How to submit a complaint through the hotline
- How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

What is included in the statement, including when the consumer statement is provided to families.

- c. Provide a link to a sample consumer statement or a description if a link is not available. All participants approved to receive assistance, SNAP, TANF, Medicaid and/or CCDF, receive a consumer statement, which we call a Notice of Action (NOA). This notice of action is mailed to the participants and it informs them of their eligibility and for what programs. For child care, the NOA indicates the period of eligibility, renewal date, benefit amount, Eligibility Specialist who processed the case, rights and responsibilities and notice of right to a fair hearing.

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3 Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility extended to allow parents to finish their school year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the state's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a) (658P(4); 98.20(a)).

3.1.1 Eligibility criteria: Age of children served

- a. The CCDF program serves children from 0. (weeks/months/years) through 12 years (under age 13). *Note:* Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).
- b. Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care (658E(c)(3)(B); 658P(3))?
 No
 Yes, and the upper age is 18 (may not equal or exceed age 19). If yes, provide the Lead Agency definition of physical and/or mental incapacity: [A child with a physical or mental condition incapable of self-care as determined by a licensed physician or psychologist and / or children who are physically or mentally incapable of self-care, under court supervision, or in need of protective services.](#)
- c. Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are under court supervision ((658P(3); 658E(c)(3)(B))?)

- No
 - Yes and the upper age is 18 (may not equal or exceed age 19).
- d. How does the Lead Agency define the following eligibility terms?
- i. “residing with”: means child(ren) physically living with natural or adoptive parents or other adult relative/primary caretaker, exercising parental control over the child(ren)'s welfare.
 - ii. “in loco parentis”: means an adult appointed as legal guardian or otherwise recognized as exercising parental control over the care and welfare of the minor(s).

3.1.2 Eligibility criteria: Reason for care

- a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

- i. Define what is accepted as “Working” (including activities and any hour requirements):

- An individual receiving wages, salary, commission or profit from activities in which he/she is engaged in as a self-employed individual or an employee.
- Any individual working or engaged in an employment training program for a minimum of 30 hours a week is eligible for full-time childcare.
- Any individual working or engaged in an employment training program for less than 30 hours a week is eligible for part-time childcare.
- During a time of emergency or disaster, “working” also means gainful employment or volunteering in essential services or participation in an emergency or disaster effort as an employee or volunteer.

- ii. Define what is accepted as “Job training” (including activities and any hour requirements):
Job training vocational or employment training is an organized training program (including community college and university education) established by the institution, agency or business for the purpose of the development of occupation. The minimum number of hours is determined by the institution, agency or business that is providing the job or educational program..

- iii. Define what is accepted as “Education” (including activities and any hour requirements):

Education means a curriculum that is established by an institution, agency, or business for the purpose of development of skills or academic study necessary for an identified occupation. Client qualifies for child care assistance based on the education institution’s definition of part time or full time.

- iv. Define what is accepted as “Attending” (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):

Attending means a parent is enrolled and participating in an allowable job training or educational program and may include a reasonable number of hours for travel, study groups, and homework.

b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training without additional work requirements?

Yes

No. If no, describe the additional work requirements. [Click or tap here to enter text.](#)

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

No

Yes. If yes:

i. Provide the Lead Agency's definition of "protective services":

"Protective Services" are services provided to any child who is a ward of the courts or living in protective conditions who is confirmed to:

1. have been abused or neglected; or
2. have been threatened with abuse or neglect; or
3. be in foster care and the need for child care services is specified in the family's or child's case plan as ordered by the court; or
4. be a child of essential services worker(s) (employed or volunteer) under a Governor declared State of Emergency

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the protective services definition above.

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

No

Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

No

Yes

iv. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

No

Yes

v. Does the Lead Agency provide respite care to custodial parents of children in protective services?

No

Yes

3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

a. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination?

“Income” means any benefit in cash which is available to an individual or is received as a result of current or past labor or services, business activities, interest in real or personal property; or as a contribution from persons, organizations, or assistance agencies; or monthly grants, such as TANF and Social Security. There are two types of income considered for eligibility: earned and unearned.

The income of a non-parent caretaker will not be counted if the child is receiving child protective services; however, the caretaker’s income is counted if the caretaker needs child care for his or her own children in addition to the foster child.

For teen parent families, the income of the teen’s parent(s) or guardian(s) is excluded in determining income for the purposes of eligibility for child care assistance if the teen parent and offspring resides with the teen’s parents, an adult relative or legal guardian and is attending school.

b. Provide the CCDF income eligibility limits in the table below **at the time of initial determination**. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI (\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower than 85% of Current SMI	(IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower than 85% of Current SMI
1	3007.94	2556.75	N/A	N/A
2	3933.46	3343.44	N/A	N/A
3	4858.98	4130.13	N/A	N/A
4	5784.50	4916.83	N/A	N/A
5	6710.02	5703.52	N/A	N/A

c. If the income eligibility limits are not statewide, describe how many jurisdictions set

their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)). *N/A. Eligibility limits are island-wide.*

- d. SMI source and year. *Guam uses the FFY2021 SMI from Arkansas as it most closely reflects Guam's median income level.*

Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss .

- e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b. *Income eligibility limits are territory-wide, regardless of population.*

- f. What is the effective date for these eligibility limits reported in 3.1.3 b?
October 01, 2020

- g. Provide the citation or link, if available, for the income eligibility limits.
BMS Policy No. 2021-01

3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).

- a. Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application). *The applicant self-reports that family assets do not exceed \$1,000,000 on their application.*

- b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No

- Yes. If yes, describe the policy or procedure and provide citation:

3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

- a. eligibility determination.

During a declared period of emergency or disaster, essential services workers (employed or volunteer) whose income exceeds 85% of SMI but does not exceed 200% of the current federal poverty guidelines are eligible and are considered priority placements. Effective Date 08/04/2020. During the COVID -19 Pandemic, this would be funded through the CARES Act.

- b. eligibility redetermination.

During a declared state of emergency, redetermination of eligibility will be extended up to six (6) months. To ensure continuity of services for families of multiple benefit programs, eligibility may be extended beyond 12 months to align program requirements.

3.1.6 Lead Agencies are required to take into consideration children’s development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children’s development and promoting continuity of care when authorizing child care services.

- a.** Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents’ work schedules
- b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. Establishing minimum eligibility periods longer than 12 months
- d.** Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child’s IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors
- h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- i. Other. Describe: [Click or tap here to enter text.](#)

3.1.7 Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II) and 98.21(c)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of state median income (SMI) (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments (98.21(c)). Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- a. Average the family’s earnings over a period of time (e.g. 12 months).
- b. Request earning statements that are most representative of the family’s monthly income.
- c.** Deduct temporary or irregular increases in wages from the family’s standard income level.
- d. Other. Describe: [Click or tap here to enter text.](#)

3.1.8 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information

that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often. Check all that apply.

Required at Initial Determination	Required at Redetermination	Information and Description
X		a. Applicant identity. Describe: Guam requires identity verification of each applicant. Acceptable documentary evidence may include, but is not limited to, drivers' license, work or school ID, birth certificate, passport, social security card or permanent residency card.
X		b. Applicant's relationship to the child. Describe: Guam requires verification of the applicant's relationship to the child. Acceptable documentary evidence of relationship may include, but is not limited to, a birth certificate or legal document establishing power of attorney, guardianship or in loco parentis.
X		c. Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe: Guam requires a child to be a U.S. citizen or child of a qualified alien. Acceptable documentary evidence may include, but is not limited to, a birth certificate, US Passport, US Naturalization Papers, Permanent Residency Card, INS Form 151 or I-551, INS Form I-94, social security card.
X	X	d. Work. Describe: Guam will verify work as the qualifying activity by checking documentary evidence which may include, but is not limited to, employment check stubs from the previous two months, tax statements, JOBS Works or employer verification.
X	X	e. Job training or educational program. Describe: Guam verifies job training or educational program by checking documentary evidence which may include, but is not limited to training or education verification, class schedule, job or education training enrollment forms.
X	X	f. Family income. Describe: Guam verifies family income by checking documentary evidence of income of all members of the household unit which may include, but is not limited to, employment check stubs from the previous two months, tax statements, and by checking online income resources.

X	X	g. Household composition. Describe: Guam verifies household composition by checking documentary evidence which may include, but is not limited to, Mayor’s verification and GHURA documentation
X	X	h. Applicant residence. Describe: Guam requires the applicant family to live in Guam with the intention of making Guam their home for a permanent or indefinite period (i.e., military). Acceptable documentary evidence may include, but is not limited to, Mayor’s verification, utility bills/receipts, rent/mortgage receipt or documented collateral contact.
		i. Other. Describe:

3.1.9 Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

- a. Time limit for making eligibility determinations. Describe length of time:
- b. Track and monitor the eligibility determination process
- c. Other. Describe: Guam is creating an internal policy to align with SNAP time limit for 30-day eligibility determination.
- d. None

3.1.10 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

- a. Identify the TANF agency that established these criteria or definitions:
Guam Department of Public Health and Social Services, Division of Public Welfare, Bureau of Economic Security
- b. Provide the following definitions established by the TANF agency:
 - i. “Appropriate child care”:

- An individual, a family setting, a family group home, or a licensed facility which provides a safe environment for children to learn, relax, thrive and have fun: a healthy child care setting.
 - Both provider and the place where care is provided meet the agency’s safety and provider requirements
 - Care accommodates the parents’ work schedule
 - Care meets the specific needs of the child, such as age, developmental needs and special needs requirements.
- ii. “Reasonable distance”: located within one hour of travel from the participant’s home to the child care provider to the participant’s place of employment or work activity.
- iii. “Unsuitability of informal child care”: child care providers that do not meet the CCDF criteria (rules and regulations).
- iv. “Affordable child care arrangements”: arrangements that do not cost more than the co-payment established under CCDF.
- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
- i. In writing
 - ii. Verbally
 - iii. Other. Describe:
- d. Provide the citation for the TANF policy or procedure: *Guam FY 2021-23 TANF state plan section VII.5*

3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family’s contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining co-payments (98.45(k)(2)). Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

3.2.1 Provide the CCDF co-payments in the chart below according to family size for **one** child in care.

- a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	(a)	(b)	(c)	(d)	(e)	(f)
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Family size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1	1065	25	2.4	2099	25	1.2%
2	1438	25	1.7%	2745	25	0.9%
3	1811	25	1.4%	3391	25	0.7%
4	2185	25	1.1%	4037	25	0.6%
5	2558	25	1.0%	4683	25	0.5%

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

- i. N/A. Sliding fee scale is statewide
- ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.
The co-payment structure is applied island-wide.
- iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).
N/A

c. What is the effective date of the sliding-fee scale(s)? *October 1, 2020*

d. Provide the link(s) to the sliding-fee scale: *not available at this time.*

3.2.2 How will the family's contribution be calculated, and to whom will it be applied? Check all that apply under a. or b.

- a.** The fee is a dollar amount and (check all that apply):
 - i. The fee is per child, with the same fee for each child.
 - ii. The fee is per child and is discounted for two or more children.
 - iii. The fee is per child up to a maximum per family.
 - iv. No additional fee is charged after a certain number of children.
 - v. The fee is per family.
 - vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: *Click or tap here to enter text.*
 - vii. Other. Describe: *Click or tap here to enter text.*
- b.** The fee is a percent of income and (check all that apply):
 - i. The fee is per child, with the same percentage applied for each child.
 - ii. The fee is per child, and a discounted percentage is applied for two or more children.

- iii. The fee is per child up to a maximum per family.
- iv. No additional percentage is charged after a certain number of children.
- v. The fee is per family.
- vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: [Click or tap here to enter text.](#)
- vii. Other. Describe: [Click or tap here to enter text.](#)

3.2.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder: Lead Agencies may NOT use cost of care or amount of subsidy payment in determining co-payments (98.45(k)(2)).

No

- Yes. If yes, check and describe those additional factors below.
 - a. Number of hours the child is in care. Describe: [Click or tap here to enter text.](#)
 - b. Lower co-payments for a higher quality of care, as defined by the state/territory. Describe: [Click or tap here to enter text.](#)
 - c. Other. Describe: [Click or tap here to enter text.](#)

3.2.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, on a case-by-case basis, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.
 - a. Families with an income at or below the Federal poverty level for families of the same size. Describe the policy and provide the policy citation.
Family Contribution (co-pay) is waived for families with income below 100% of the federal poverty level. BMS Policy 2021-01.4.
 - b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation. [Click or tap here to enter text.](#)
 - c. Families meeting other criteria established by the Lead Agency. Describe the policy. *The family contribution (co-pay) is waived for those experiencing homelessness, in foster care, eligible for TANF services, minor parents, and families with income below 100% of the federal poverty level.*

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination —

but remains below the federal threshold of 85 percent of the state median income (98.21(b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

- (i) 85 percent of SMI for a family of the same size.
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
 - (A) Takes into account the typical household budget of a low-income family.
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability.
 - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-pay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

- a. Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.
 - N/A.** The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)
 - The Lead Agency sets the second tier of eligibility at 85 percent of SMI.
 - A. Describe the policies and procedures. [Click or tap here to enter text.](#)
 - B. Provide the citation for this policy or procedure. [Click or tap here to enter text.](#)
 - The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.
 - A. Provide the income level for the second tier of eligibility for a family of three: [Click or tap here to enter text.](#)
 - B. Describe how the second eligibility threshold:
 - 1. Takes into account the typical household budget of a low-income family: [Click or tap here to enter text.](#)
 - 2. Is sufficient to accommodate increases in family income over time that are

typical for low-income workers and that promote and support family economic stability: [Click or tap here to enter text.](#)

3. Reasonably allows a family to continue accessing child care services without unnecessary disruption: [Click or tap here to enter text.](#)
4. Provide the citation for this policy or procedure related to the second eligibility threshold: [Click or tap here to enter text.](#)

b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

- No
- Yes

- i. If yes, describe how the Lead Agency gradually adjusts co-payments for families under a graduated phase-out: [Click or tap here to enter text.](#)
- ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (Note: Additional reporting requirements are also discussed in section 3.4.3 of the Plan.)
 - No
 - Yes. Describe: [Click or tap here to enter text.](#)

FINAL DRAFT

3.3 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes, and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination. Other ways to give priority may include the establishment of a waiting list or the ranking of eligible families in priority order to be served.

Note: CCDF defines “child experiencing homelessness” as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

3.3.1 Describe how the Lead Agency defines:

- a. “Children with special needs”: *a child or youth who may require a level of care above the norm for his age due to disability, emotional or behavioral disorder, or a special health need; children with mental illness, children with severe mental illness, homeless children, teenage parents/pregnant teens, children involved in the child welfare system and the juvenile justice system (dually involved) or under court supervision.*
- b. “Families with very low incomes”: *Families with income at or below the 100% of the poverty level for the 48 Contiguous States and the District of Columbia.*

3.3.2 Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

- a. Complete the table below to indicate how the identified populations are prioritized or targeted.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments (on a case-by-case basis). As described in 3.2.4.	Pay higher rate for access to higher quality care	Using grants or contracts to reserve spots
Children with special needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families with very low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children experiencing homelessness, as defined by the CCDF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4))	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted. [Click or tap here to enter text.](#)

3.3.3 List and define any other priority groups established by the Lead Agency.

Additional priority groups include:

1. Children under Child Protective Services
2. Children in foster care
3. Children of essential services workers (employed or volunteer)
4. Children who are part of a household who are experiencing prolonged economic recovery following a territory declared emergency.

3.3.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.3.3. [Application processing is prioritized and such applicants are not placed on a wait list.](#)

3.3.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and technical assistance to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (addressed in section 6), and (3) conduct specific outreach to families experiencing homelessness(658E(c)(3); 98.51).

a. Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained. [Such households are given 30 days to comply with program requirements.](#)

- b. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.
- i. Lead Agency accepts applications at local community-based locations
 - ii. Partnerships with community-based organizations
 - iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
 - iv. Other: [Click or tap here to enter text.](#)

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

3.3.6 Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a _____

reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note: Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

- a. Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

- i. Children experiencing homelessness (as defined by the CCDF Final Rule).

The Lead Agency allows a 30-day grace period for parents to come to compliance with the immunization requirement for children experiencing homelessness.

Provide the citation for this policy and procedure.

Guam PL 31-73 1107.3(f)

- ii. Children who are in foster care.

The Lead Agency allows a 30-day grace period for parents to come to compliance with the immunization requirement for children in foster care.

Provide the citation for this policy and procedure. *Guam PL 31-73 1107.3(f)*

- b. Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)). *Lead Agency coordinates with licensing agency to refer families to local health department and/or medical providers to comply with immunization and other health and safety requirements.*

- c. Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

No

Yes. Describe: *The Lead Agency allows a 30-day grace period for all families to come to compliance with the immunization requirement.*

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

- regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state’s income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI).
- regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

1. any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness
2. any interruption in work for a seasonal worker who is not working
3. any student holiday or break for a parent participating in a training or educational program
4. any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program
5. any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency
6. a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1)
7. any changes in residency within the state, territory, or tribal service area

a. Describe the Lead Agency’s policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures. *All CCDF applicants deemed eligible for the program are given a 12-month eligibility time period. Should the eligibility period expire during a declared state of emergency or disaster, the Lead Agency will automatically extend the eligibility period for six (6) months and may approve an additional six (6) months. Policy citation: Guam CCDF manual section 2002.95*

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency’s definition of “temporary change”.

Minimum Required Element	Citation
<input type="checkbox"/> i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family	Click or tap here to enter text.

Minimum Required Element	Citation
member or an illness. Describe or define your Lead Agency's policy: <i>N/A</i>	
<input type="checkbox"/> ii. Any interruption in work for a seasonal worker who is not working. Describe or define your Lead Agency's policy: <i>Under current policy, Guam continues care for up to 3 months for a client who is experiencing an interruption in work if the client intends to look for work. Child care assistance is suspended if the client does not intend to look for work.</i>	Guam is in the process of revising "temporary change" policy with technical assistance support.
<input type="checkbox"/> iii. Any student holiday or break for a parent participating in a training or educational program. Describe or define your Lead Agency's policy: <i>Under current policy, Guam suspends child care assistance when a student and/or employee employed at an educational institution is on school break.</i>	Guam CCDF Manual 2002.98. Guam is in the process of revising "temporary change" policy with technical assistance support.
<input type="checkbox"/> iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program. Describe or define your Lead Agency's policy: <i>N/A</i>	<i>Guam is in the process of revising "temporary change" policy with technical assistance support.</i>
<input type="checkbox"/> v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency. Describe or define your Lead Agency's policy: <i>N/A</i>	<i>Guam is in the process of revising "temporary change" policy with technical assistance support.</i>
<input type="checkbox"/> vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1). Describe or define your Lead Agency's policy: <i>Under current policy, Guam terminates child care assistance the month after a child turns 13.</i>	<i>Guam CCDF Manual 2002.96. Guam is in the process of revising "temporary change" policy with technical assistance support.</i>
<input type="checkbox"/> vii. Any changes in residency within the state, territory, or tribal service area. Describe or define your Lead Agency's policy: <i>N/A</i>	<i>Guam is in the process of revising "temporary change" policy with technical assistance support.</i>

- c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation. *There are no other elements included in Guam's definition of temporary change.*

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the

minimum 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity.

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation. This time period allows the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of state median income (SMI), assistance cannot be

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terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

No

Yes. If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

An unemployed applicant performing job search activities for 90 calendar days (3 months) in order to obtain employment is eligible for full time childcare assistance. The applicant MUST indicate that the need or purpose for child care is to search for employment. Unemployed applicants must show proof of employment or attending school/training program on or before the last work day of the certification end month. An applicant/client performing job search activities shall be eligible for full time child care assistance.

b. Does the Lead Agency discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of attendance at a job training or educational program.

Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change: *Lead agency will terminate assistance prior to the 12th month if the parent has a non-temporary loss of employment or school enrollment. Clients are given up to 90 days to do job search to find employment. The case is closed when new employment is not reported to the Lead Agency by the end of the job search period.*

ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation: *During the period of eligibility, the job search provision is triggered when a client experiences a loss of employment without an expected return to work.*

iii. How long is the job-search period (must be at least 3 months)? *Ninety (90) days.*

iv. Provide the citation for this policy or procedure. *BMS 2016-001*

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination. Check all that apply.

i. Not applicable

- ii.** Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.
 - A. Define the number of unexplained absences identified as excessive:
Assistance can be terminated for unexcused absences in excess of 10 consecutive days.
 - B. Provide the citation for this policy or procedure: *Provider Rates and Payments, Provider handbook, page 14.*
- iii.** A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure: *Guam CCDF Policy Manual section 2002.99*
- iv.** Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

Program fraud and abuse is defined as willful misrepresentation or withholding of facts or information to qualify for CCDF assistance. CCDF Manual 5000.11. An Intentional Program Violation is an action by an individual for the purpose of establishing or maintaining individual or entity's eligibility for assistance or for increasing or preventing a reduction in the amount of grant, which is intentionally a) a false or misleading statement or misrepresentation, concealment, or withholding of facts; or b) any act intended to mislead, misrepresent, conceal or withhold facts or propounds a falsity. CCDF Manual 5000.13

3.4.3 Change reporting during the minimum 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

- a. Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?
 - No
 - Yes
- b. Any additional reporting requirements during the minimum 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of state median income (SMI)) or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the minimum 12-month eligibility period. Check all that apply.

- i. Additional changes that may impact a family's eligibility during the

minimum 12- month period. Describe:

- ii.** Changes that impact the Lead Agency’s ability to contact the family. Describe: *leaving the island, change of name, change in mailing address, phone number or email address.*
- iii.** Changes that impact the Lead Agency’s ability to pay child care providers. Describe: *Change of child care provider.*

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- i.** Phone
- ii.** Email
- iii.** Online forms
- iv.** Extended submission hours
- v.** Postal mail
- vi.** Fax
- vii.** In-person submission
- viii.** Other. Describe: *Click or tap here to enter text.*

d. Families must have the option to voluntarily report changes on an ongoing basis during the minimum 12-month eligibility period.

Lead Agencies are required to act on information reported by the family if it will reduce the family’s co-payment or increase the family’s subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family’s subsidy unless the information reported indicates that the family’s income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

- i. Describe any other changes that the Lead Agency allows families to report. *A decrease in income.*
- ii. Provide the citation for this policy or procedure. *No policy exists only a procedure and completed based on circumstances.*

3.4.4 Prevent the disruption of employment, education, or job training activities.

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency’s or designated local entity’s requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support

(e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.
- i. Advance notice to parents of pending redetermination
 - ii. Advance notice to providers of pending redetermination
 - iii. Pre-populated subsidy renewal form
 - iv. Online documentation submission
 - v. Cross-program redeterminations
 - vi. Extended office hours (evenings and/or weekends)
 - vii. Consultation available via phone
 - viii. Other: *families may submit redetermination documents via email.*

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4 Ensure Equal Access to Child Care for Low-Income Children

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

- 4.1.1** Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).

The childcare certificate is provided to the parent either by mail or pickup by the parent or provider. The certificate states the parents name, case number, mailing address, co-share percentage (if applicable), child's name and date of birth, the CCDF subsidy amount, the renewal date and certification period and the parent's and daycare center's rights and responsibilities.

- 4.1.2** Identify how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.

- a. Certificate provides information about the choice of providers
- b. Certificate provides information about the quality of providers
- c. Certificate is not linked to a specific provider, so parents can choose any provider
- d. Consumer education materials are provided on choosing child care
- e. Referrals provided to child care resource and referral agencies
- f. Co-located resource and referral staff in eligibility offices
- g. Verbal communication at the time of the application
- h. Community outreach, workshops, or other in-person activities
- i. Other. Describe: [A listing of child care providers is available online on our website http://dphss.guam.gov/guamchildcare/ to view or download and is also provided to parents when applying for child care or upon request](http://dphss.guam.gov/guamchildcare/)

- 4.1.3** A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).

- a. Describe how parents have access to the full range of providers eligible to receive CCDF:
[Provider rates are set at the 75th percentile of the rates reported in the Child Care Directory as of June 1, 2021 to ensure parents have access to a wide range of providers. Parents are provided a directory of all child care providers on Guam and their rate by age group, location, hours of operation, capacity of the center, phone number, email address, director and assistant director's names \(if applicable\) and EIN/Vendor number.](#)
- b. Describe state data on the extent to which eligible child care providers participate in the CCDF system: [All child care programs in the territory are eligible to participate in the child care subsidy program. Approximately 94% of programs currently participate.](#)
- c. Identify any barriers to provider participation, including barriers related to payment rates and practices – including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency: [All child care programs in the territory participate in the child care subsidy program.](#)

- 4.1.4** Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives

CCDF funds (658E(c)(2)(B); 98.16(t)).

Guam's public law requires that parents have unlimited access to their children when at the day care center.

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

No

Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

- a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: [Click or tap here to enter text.](#)
- b. Restricted based on the provider meeting a minimum age requirement. Describe:
- c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: [Click or tap here to enter text.](#)
- d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)).
- e. Restricted to care for children with special needs or a medical condition. Describe: [Click or tap here to enter text.](#)
- f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.
- g. Other. Describe: [Click or tap here to enter text.](#)

4.1.6 Child care services available through grants or contracts.

a. In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? Note: Do not check "yes" if every provider is simply required to sign an agreement to be paid in the certificate program.

No. If no, skip to 4.1.7

Yes, in some jurisdictions but not statewide. If yes, describe how many jurisdictions use grants or contracts for child care slots. [Click or tap here to enter text.](#)

Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: [Click or tap here to enter text.](#)

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency: [Click or tap here to enter text.](#)

iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments. [Click or tap here to enter text.](#)

b. Will the Lead Agency use grants or contracts for direct child care services to increase the supply or quality of specific types of care?

No

Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

Grants or Contracts are used in Child Care Programs that Serve	To increase the supply of care	To increase the quality of care
i. Children with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
ii. Infants and toddlers	<input type="checkbox"/>	<input type="checkbox"/>
iii. School-age children	<input type="checkbox"/>	<input type="checkbox"/>
iv. Children needing non-traditional hour care	<input type="checkbox"/>	<input type="checkbox"/>
v. Children experiencing homelessness	<input type="checkbox"/>	<input type="checkbox"/>
vi. Children with diverse linguistic or cultural backgrounds	<input type="checkbox"/>	<input type="checkbox"/>
vii. Children in underserved areas	<input type="checkbox"/>	<input type="checkbox"/>
viii. Children in urban areas	<input type="checkbox"/>	<input type="checkbox"/>
ix. Children in rural areas	<input type="checkbox"/>	<input type="checkbox"/>
x. Other populations, please specify <i>Click or tap here to enter text.</i>	<input type="checkbox"/>	<input type="checkbox"/>

4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).

- a. In child care centers. [Guam does not currently collect this data.](#)
- b. In child care homes. [Guam does not currently collect this data.](#)
- c. Other. [Click or tap here to enter text.](#)

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

a. Children in underserved areas. Check and describe all that apply.

- i. Grants and contracts (as discussed in 4.1.6). Describe:
[Click or tap here to enter text.](#)

- ii. Targeted Family Child Care Support such as Family Child Care Networks. Describe: [Click or tap here to enter text.](#)
- iii. Start-up funding. Describe: [Click or tap here to enter text.](#)
- iv. Technical assistance support. Describe: [Click or tap here to enter text.](#)
- v. Recruitment of providers. Describe: [Guam provides tax incentives for newly licensed providers for a minimum of five years.](#)
- vi. Tiered payment rates (as discussed in 4.3.3). Describe: [Click or tap here to enter text.](#)
- vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: [Click or tap here to enter text.](#)
- viii. Accreditation supports. Describe: [Click or tap here to enter text.](#)
- ix. Child care health consultation. Describe: [Click or tap here to enter text.](#)
- x. Mental health consultation. Describe: [Click or tap here to enter text.](#)
- xi. Other. Describe: [Click or tap here to enter text.](#)

b. Infants and toddlers. Check and describe all that apply.

- i. Grants and contracts (as discussed in 4.1.6). Describe: [Click or tap here to enter text.](#)
- ii. Family Child Care Networks. Describe: [Click or tap here to enter text.](#)
- iii. Start-up funding. Describe: [Click or tap here to enter text.](#)
- iv. Technical assistance support. Describe: [Click or tap here to enter text.](#)
- v. Recruitment of providers. Describe: [Guam provides tax incentives for newly licensed providers for a minimum of five years.](#)
- vi. Tiered payment rates (as discussed in 4.3.3). Describe: [Click or tap here to enter text.](#)
- vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: [Click or tap here to enter text.](#)
- viii. Accreditation supports. Describe: [Click or tap here to enter text.](#)
- ix. Child care health consultation. Describe: [Click or tap here to enter text.](#)
- x. Mental health consultation. Describe: [Click or tap here to enter text.](#)
- xi. Other. Describe: [Click or tap here to enter text.](#)

c. Children with disabilities. Check and describe all that apply.

- i. Grants and contracts (as discussed in 4.1.6). Describe: [Click or tap here to enter text.](#)
- ii. Family Child Care Networks. Describe: [Click or tap here to enter text.](#)
- iii. Start-up funding. Describe: [Click or tap here to enter text.](#)
- iv. Technical assistance support. Describe: [Click or tap here to enter text.](#)
- v. Recruitment of providers. Describe: [Guam provides tax incentives for newly licensed providers for a minimum of five years.](#)
- vi. Tiered payment rates (as discussed in 4.3.3). Describe: [Click or tap here to enter text.](#)

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: [Click or tap here to enter text.](#)
 - viii. Accreditation supports. Describe: [Click or tap here to enter text.](#)
 - ix. Child care health consultation. Describe: [Click or tap here to enter text.](#)
 - x. Mental health consultation. Describe: [Click or tap here to enter text.](#)
 - xi. Other. Describe: [Click or tap here to enter text.](#)
- d. Children who receive care during non-traditional hours. Check and describe all that apply.
- i. Grants and contracts (as discussed in 4.1.6). Describe: [Click or tap here to enter text.](#)
 - ii. Family Child Care Networks. Describe: [Click or tap here to enter text.](#)
 - iii. Start-up funding. Describe: [Click or tap here to enter text.](#)
 - iv. Technical assistance support. Describe: [Click or tap here to enter text.](#)
 - v. Recruitment of providers. Describe: [Guam provides tax incentives for newly licensed providers for a minimum of five years.](#)
 - vi. Tiered payment rates (as discussed in 4.3.3). Describe: [Click or tap here to enter text.](#)
 - vii. Support for improving business practices for providers, such as management training, and shared services. Describe: [Click or tap here to enter text.](#)
 - viii. Accreditation supports. Describe: [Click or tap here to enter text.](#)
 - ix. Child Care health consultation. Describe: [Click or tap here to enter text.](#)
 - x. Mental health consultation. Describe: [Click or tap here to enter text.](#)
 - xi. Other. Describe: [Click or tap here to enter text.](#)
- e. Other. Check and describe all that apply.
- i. Grants and contracts (as discussed in 4.1.6). Describe: [Click or tap here to enter text.](#)
 - ii. Family Child Care Networks. Describe: [Click or tap here to enter text.](#)
 - iii. Start-up funding. Describe: [Click or tap here to enter text.](#)
 - iv. Technical assistance support. Describe: [Click or tap here to enter text.](#)
 - v. Recruitment of providers. Describe: [Click or tap here to enter text.](#)
 - vi. Tiered payment rates (as discussed in 4.3.3). Describe: [Click or tap here to enter text.](#)
 - vii. Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: [Click or tap here to enter text.](#)
 - viii. Accreditation supports. Describe: [Click or tap here to enter text.](#)
 - ix. Child Care health consultation. Describe: [Click or tap here to enter text.](#)
 - x. Mental health consultation. Describe: [Click or tap here to enter text.](#)
 - xi. Other. Describe: [The Lead Agency is exploring options that support parental choice and meet the needs of parents and families such as supporting the option of highly trained relative child care providers; training includes but not limited to required health and safety training, and behavior intervention.](#)

4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

- a. How does the Lead Agency define areas with significant concentrations of poverty and unemployment? *Rates of poverty and unemployment are equally distributed across the island.*
- b. Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. *Parents have access to all high-quality programs in the territory.*

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4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to child care for children receiving child care assistance; and (2) ensure parental choice by offering a full range of child care services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by child care providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a market rate survey or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health, safety, quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

Note: Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08>). Advance approval is not required if the Lead Agency plans to implement both a market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.
- Describe what information the Lead Agency will obtain from an alternative methodology that could not be obtained from the required narrow cost analysis.
- Describe how the Lead Agency will consult with the State Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care

resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.

- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care, such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location, and quality.
- Describe how the alternative methodology will use current data.
- What metrics the Lead Agency will use to set rates based on the alternative methodology.
- Describe the estimated reporting burden and cost to conduct the approach.

A Market Rate Survey (MRS) or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c))). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

- Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.
 - a. MRS. When was your data gathered (provide a date range, for instance, September – December, 2019)? [Click or tap here to enter text.](#)
 - b. ACF pre-approved alternative methodology. Identify the date of the ACF approval and describe the methodology: [Click or tap here to enter text.](#)
- No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency’s planned methodology(ies) to assess child care prices and/or costs.

- i. MRS. If checked, describe the status of the Lead Agency’s implementation of

the MRS. *Click or tap here to enter text.*

- ii. ACF pre-approved alternative methodology. If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology: *Click or tap here to enter text.*

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2-4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2–4.5.2. *Click or tap here to enter text.*

4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

- a. State Advisory Council or similar coordinating body: *Guam Lead Agency did not consult with Guam Early Council (the territories equivalent to state Advisory Council) prior to the most recent market rate survey; however, they are currently engaged and will provide feedback for the next market rate survey.*
- b. Local child care program administrators: *Guam Lead Agency consulted with the local child care program administrators and staff prior to conducting their most recent MRS.*
- c. Local child care resource and referral agencies: *Guam does not have a local resource and referral agency.*
- d. Organizations representing caregivers, teachers, and directors: *Guam Lead Agency consulted and met with the Guam Childcare Development Association.*
- e. Other. Describe: *Click or tap here to enter text.*

4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

- a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.
 - i. Represent the child care market: *The market rate survey was completed with data from all*

child care facilities in the territory by age group and category of care (P/T, F/T).

- ii. Provide complete and current data: The market rate survey was completed with data from all child care facilities in the territory by age group and category of care (P/T, F/T).*
- iii. Use rigorous data collection procedures: The market rate survey was completed with data from all child care facilities in the territory by age group and category of care (P/T, F/T).*
- iv. Reflect geographic variations: The market rate survey was completed with data from all child care facilities in the territory by age group and category of care (P/T, F/T).*
- v. Analyze data in a manner that captures other relevant differences: N/A*

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b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes. If yes, why do you think the data represents the child care market? [Click or tap here to enter text.](#)

4.2.4 Describe how the market rate survey or ACF pre-approved alternative methodology reflects variations in the price or cost of child care services by:

- a. Geographic area (e.g., statewide or local markets). Describe: *There is no significant variation in the price or cost of child care services based on geography on Guam.*
- b. Type of provider. Describe: *There is no significant variation in the price or cost of child care services based on provider type on Guam.*
- c. Age of child. Describe: *The prices and costs of child care services were collected based on the age of the child.*
- d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level. *No other variation was examined.*

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 – 2024 CCDF Plan?

- No**, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis. [Click or tap here to enter text.](#)
- Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 – 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

[Click or tap here to enter text.](#)

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)). [Click or tap here to enter text.](#)

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

[Click or tap here to enter text.](#)

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

[Click or tap here to enter text.](#)

- 4.2.6** After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

- a. Date the report containing results was made widely available—no later than 30 days after the completion of the report. *07/25/2019*
- b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted. *The report is available upon request. The information was not posted.*
- c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report. *The Lead Agency considers stakeholder views and comments from child care providers.*

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

- 4.3.1** Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below. Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

- a. Fill in the table below based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate (including unit)	Full-time weekly base payment rate	If the Lead Agency conducted an MRS, what is the percentile of the	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
Infant (6 months) Center care	\$700/month	\$163/week	75th	
Toddler (18 months) Center care	\$630/month	\$147/week	75th	

Preschooler (4 years) Center care	\$575/month	\$134/week	75th	
School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer.)	\$525/month	\$122/week	75th	
Infant (6 months) Family Child Care	\$625/month	\$145/week	100th	
Toddler (18 months)	\$625/month	\$145/ week	100th	

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Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate (including unit)	Full-time weekly base payme	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
Family Child Care				
Preschooler (4 years) Family Child Care	\$625/month	\$145/week	100th	
School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer.)	\$625/month	\$145/week	100th	

- b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? *Monthly rate divided by 4.3.*
- c. Describe how the Lead Agency defines and calculates part-time and full-time care. *Part time care is up to 120 hours per month. Full time care is 121 up to 160 hours per month.*
- d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). *June 01, 2021*
- e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above. *N/A. The rates are set territory-wide.*
- f. Provide the citation, or link, if available, to the payment rates. *currently not available via website.*
- g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)). *Payment rates are set by the Lead Agency for the entire territory.*

4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

- a. Geographic area. Describe: *Click or tap here to enter text.*
- b. Type of provider. Describe: *Click or tap here to enter text.*
- c.** Age of child. Describe: *Guam sets three rates by age: infant/toddler, pre-school, and school age*
- d. Quality level. Describe: *Click or tap here to enter text.*
- e. Other. Describe: *Click or tap here to enter text.*

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

- No
- Yes.** If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.
 - a. Tiered or differential rates are not implemented. *Click or tap here to enter text.*
 - b. Differential rate for non-traditional hours. Describe: *Click or tap here to enter text.*
 - c.** Differential rate for children with special needs, as defined by the state/territory. Describe: *The Lead Agency intends to provide higher payment/reimbursement rates for childcare providers who have a behavior interventionist/someone trained by a behavioral interventionist on staff.*
 - d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe: *Click or tap here to enter text.*
 - e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe: *Click or tap here to enter text.*
 - f.** Differential rate for higher quality, as defined by the state/territory. Describe: *The Lead Agency intends to provide higher payment/reimbursement rates for childcare providers who provide bilingual services to dual-language learners.*
 - g. Other differential rates or tiered rates. Describe: *Click or tap here to enter text.*

4.3.4 Establishment of adequate payment rates.

- a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all

the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan

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(CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result. *Guam's rates are set at the 75th percentile which is adequate to enable providers to meet health, safety and staffing requirements.*

- b. Describe the process used for setting rates, including how the Lead Agency factors in the cost of care, including any increased costs and provider fees because of COVID-19, and how such costs may be modified after the pandemic subsidies. *Guam reviews market prices and sets rates so that families have access to the most providers possible. The Lead Agency made grants available to all providers and issued funds to directly address increased costs due to COVID-19.*

4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures). *Guam does not have a quality rating system. Participation in a professional development system is required for all child care providers and is subsidized by CCDF grant funds.*

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

N/A

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(I)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(I)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(I)(4) through (6); 658E(c)(2)(S)(ii); 98.45(I)(4); 98.45(I)(5); 98.45(I)(6)).

4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

- a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):
 - i. Paying prospectively prior to the delivery of services. Describe the policy or procedure.
Click or tap here to enter text.
 - ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services. Describe the policy or procedure. *After review of the certificate, child care calendar and any other supporting documents (e.g. doctor's excuse note, etc.), payment is processed within 21 calendar days.*
- b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: Note: The Lead Agency is to choose at least one of the following:
 - i. Paying based on a child's enrollment rather than attendance. Describe the policy or

- procedure. *Click or tap here to enter text.*
- ii. Providing full payment if a child attends at least 85 percent of the authorized time. Describe the policy or procedure. *Click or tap here to enter text.*
 - iii. Providing full payment if a child is absent for five or fewer days in a month. Describe the policy or procedure. *Click or tap here to enter text.*
 - iv.** Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach. *If a child attends 50% plus one day during any given month, full payment is remitted. If a child attends 50% or less during any given month, payment is pro-rated based on attendance and daily subsidy rate. During a declared state of emergency or disaster, the Lead Agency may pay providers based on a child's enrollment status rather than attendance up to the Declaration end date, subject to the availability of funds. During the state of emergency, the absent day policy is expanded, and child care providers can bill the lead agency for the full month for children scheduled to be in care. The Lead Agency may extend this policy up to six months beyond the end of the emergency period.*
- c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).
- i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time). *The part time rate applies to families who need child care for up to 120 hours per month based on their work, training or school schedule. The fulltime rate applies to families who need child care for up to 121 – 160 hours per month based on their work, training or school schedule.*
 - ii. Paying for reasonable mandatory registration fees that the provider charges to private- paying parents. Describe the policy or procedure. *Registration Fees are not paid with CCDF grant funds at this time. The Lead Agency is currently in the process of changing policy to allow for payment of registration fees.*
 - iii. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe: *Payments to providers are processed within twenty (20) working days upon receipt of the child care certificate and child attendance calendar.*
- d. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe: *Providers are notified of changes to the family's eligibility status that may impact payments via the Child Care Certificate (voucher) at least thirty-days prior to the date of service beginning.*
- e. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe: *The Lead Agency offers a ninety (90) day appeal and resolution period from the date the child care services were provided.*
- f. Other. Describe: *Click or tap here to enter text.*

4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

- No**, the practices do not vary across areas.
- Yes, the practices vary across areas. Describe: [Click or tap here to enter text.](#)

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers. *Guam's rates are set at the 75th percentile, and timely payments within 21 days provide parents with access to all eligible provides in the territory.*

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4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply.

- a.** Limit the maximum co-payment per family. Describe: *Guam sets the maximum co-payment per family at \$75*
- b.** Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe. *Click or tap here to enter text.*
- c.** Minimize the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.2.5. Describe: *Click or tap here to enter text.*
- d.** Other. Describe: *Click or tap here to enter text.*

4.5.2 Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

- No
- Yes.** If yes:
 - i.* Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families. *The Lead Agency does not impose a limit on how much private child care providers can charge families since these providers must be able to charge the price that allows them to be able to operate. Parental choice allows families to select a provider that best suits their needs.*
 - ii.* Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families. *The Lead Agency currently does not have this data.*

- iii. Describe the Lead Agency’s analysis of the interaction between the additional amounts charged to families with the required family co-payment and the ability of current subsidy payment rates to provide access to care without additional fees.

The Lead Agency currently does not have this data.

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5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license- exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below. Check, identify, and describe all that apply, and provide a citation to the licensing rule.

a. Center-based child care.

i. Identify the providers subject to licensing: [Child Care Facilities](#)

ii. Describe the licensing requirements:

Guam's Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes (Public Law 31-73) outlines licensing requirements for Child Care Facilities and requires that the facility be inspected and certified to be in conformance with applicable laws, codes or regulations relating to building standards. All new child care facilities are required to obtain clearances from the Income Tax, Business Privilege Tax/GRT, Collection, and Business License Branches. Staff members shall be of good character and equipped with the education, training and/or experience for the work they are required to do. All staff members, volunteers and practicum students must obtain a physical examination from their private physician, a Police Clearance from the Guam Police Department, a Court Clearance from the Superior Court of Guam, must sign the Consent for Disclosure of Client Information Form authorizing BOSSA to conduct a cross check of the Guam Child Protective Services Registry, obtain a Path A Certification according to Guam's Plan for Professional Development, a health certificate from the Division of Environmental Health, and have at least two (2) staff members certify in pediatric first aid & CPR. Child care directors must submit at least three (3) Statements attesting to their character, temperament, and capacity to provide constructive childcare along with their resume and educational transcripts.

iii. Provide the citation: [Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes \(Public Law 31-73\)](#). <http://dphss.guam.gov/guamchildcare/>

b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing: [Group Home Child Care Providers](#)

ii. Describe the licensing requirements:

Guam's Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes (Public Law 31-73) outlines licensing requirements for Group Child Care Homes and requires that the facility be inspected and certified to be in conformance with applicable laws, codes or regulations relating to building standards. All Group Child Care Home facilities are required to obtain clearances from the Income Tax, Business Privilege

Tax/GRT, Collection, and Business License Branches. Staff members shall be of good character and equipped with the education, training and/or experience for the work they are required to do. All staff members, volunteers, and practicum students must obtain a physical examination from their private physician, a Police Clearance from the Guam Police Department, a Court Clearance from the Superior Court of Guam, must sign the Consent for Disclosure of Client Information Form authorizing BOSSA to conduct a cross check of the Guam Child Protective Services Registry, complete at least fifteen (15) annual training hours in health, safety, and education, and have all staff members certify in pediatric first aid & CPR.

iii. Provide the citation: *Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes (Public Law 31-73). <http://dphss.guam.gov/guamchildcare/>*

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing: *N/A*

ii. Describe the licensing requirements: *Although exempt from obtaining a childcare license, the in-home provider must obtain a business license from the Guam Department of Revenue and Taxation, obtain a Sanitary Permit/maintain compliance with quarterly inspections conducted by the Division of Environmental Health, and secure fifteen (15) annual hours of early childhood health and safety training.*

iii. Provide the citation: *In the interim of the revision of Guam's child care law, Guam has established and implemented an application process which requires interested applicants who wish to become a CCDF Provider, to comply with the child care law, the health & safety standards and CCDBG Act.*

Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes and Title 10 Guam Code Annotated, Chapter 3, Public Health and Social Services, Chapter 2, Article, Division of Public Welfare, Child Welfare Act; CCDF Manual (2001), Sec.2001.

<http://dphss.guam.gov/guamchildcare/>

5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption: *Wrap-Around programs and campus child care programs such as accredited public or private educational institutions, preschool classrooms regulated by the Guam DOE or the Administration for Children and Families, seasonal camps, Child Care Facilities regulated by the U.S. Department of Defense.*

ii. Provide the citation to this policy: *Guam PL 31-73, Sec.1102.2; CCDF Manual (2001), Sec.2001. <http://dphss.guam.gov/guamchildcare/>*

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. *These providers are licensed and regulated by the Guam Department of Revenue and Taxation and or adhere to federal guidelines/mandates. They are subject to obtaining a Sanitary Permit from the Guam Division of Environmental Health who enforces local health, safety, and sanitation requirements for institutional facilities; a sanitary permit is renewed annually. These facilities shall provide the DPHSS with the most current monitoring report assuring that their facility has passed inspection and/or requirements by their respective accrediting institution or regulatory agency, as applicable.*

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

Guam supports families to select their preferred child care services most suitable to their family needs. The following license-exempt providers are child care service options for families offering full or half day care.

Family Day Care Providers: A home which provides family-like care for a group of seven (7) and not more than twelve (12) children with or without special needs during a portion of a 24-hour day. This day care program is located in a modified or extended family residence and usually found within the neighborhood of the family needing day care services.

Relative, Friend, or Neighbor Care: A family home in which one (1) but no more than six (6) children are received for care and supervision in a family setting during a portion of a 24-hour day. Here, children generally of varying ages, find care for some part of the 24-hour day in the home of another family, often within their own neighborhood.

ii. Provide the citation to this policy: *Guam PL 31-73, Sec.1102.2; CCDF Manual (2001), Sec.2001. <http://dphss.guam.gov/guamchildcare/>*

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. *Although exempt from obtaining a childcare license, these child care providers must obtain a business license from the Guam Department of Revenue and Taxation, obtain a Sanitary Permit/maintain compliance with quarterly inspections conducted by the Division of Environmental Health, and secure fifteen (15) annual hours of early childhood health and safety training. In the interim of the revision of Guam's child care law, Guam has established and implemented an application process which requires interested applicants who wish to become a CCDF Provider, to comply with the child care law, the health & safety standards and CCDBG Act. Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes and Title 10 Guam Code Annotated, Chapter 3, Public Health and Social Services, Chapter 2, Article, Division of Public Welfare, Child Welfare Act; CCDF Manual (2001), Sec.2001. <http://dphss.guam.gov/guamchildcare/>*

- c. In-home care (care in the child’s own home by a non-relative): Describe and provide the citation by answering the questions below.
- i. Identify the CCDF-eligible in-home child care (care in the child’s own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. *N/A*
 - ii. Provide the citation to this policy: *Click or tap here to enter text.*
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. *Click or tap here to enter text.*

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5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

Infant. Describe: *Birth to 12 months*

Toddler. Describe: *13 months to 24 months.*

Preschool. Describe: *37 months to 48 months*

School-Age. Describe: *48 months and up*

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a. Licensed CCDF center-based care:

i. Infant

A. Ratio: *4:1*

B. Group size: *Established by the capacity of the room, whereas the number of children exceeds the age ratio, an additional staff shall be in place to maintain required staff to child ratio.*

ii. Toddler

A. Ratio: *7:1*

B. Group size: *Established by the capacity of the room, whereas the number of children exceeds the age ratio, an additional staff shall be in place to maintain required staff to child ratio.*

iii. Preschool

A. Ratio: *15:1*

B. Group size: *Established by the capacity of the room, whereas the number of children exceeds the age ratio, an additional staff shall be in place to maintain required staff to child ratio.*

iv. School-Age

A. Ratio: *20:1*

B. Group size: *Established by the capacity of the room, whereas the number of children exceeds the age ratio, an additional staff shall be in place to maintain required staff to child ratio.*

v. Mixed-Age Groups (if applicable)

B. Ratio: *Click or tap here to enter text.*

C. Group size: *Click or tap here to enter text.*

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

b. Licensed CCDF family child care home providers:

- i. Mixed-Age Groups
 - A. Ratio: *Click or tap here to enter text.*
 - B. Group size: *Click or tap here to enter text.*
- ii. Infant (if applicable)
 - A. Ratio: 4:1
 - B. Group size: 12:1
- iii. Toddler (if applicable)
 - A. Ratio: 7:1
 - B. Group size: 12:1
- iv. Preschool (if applicable)
 - A. Ratio: 15:1
 - B. Group size: 12:1
- v. School-Age (if applicable)
 - A. Ratio: 20:1
 - B. Group size: 12:1
- vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.
*Family Day Care Providers:
Ratio and Group Size: 12:1
Relative, Friend, or Neighbor Care:
Ratio and Group Size: 6:1*

c. Licensed in-home care (care in the child's own home):

- i. Mixed-Age Groups (if applicable)
 - A. Ratio: 6:1
 - B. Group size: 6
- ii. Infant (if applicable)
 - A. Ratio:
 - B. Group size:
- iii. Toddler (if applicable)
 - A. Ratio:
 - B. Group size:
- iv. Preschool (if applicable)
 - A. Ratio:
 - B. Group size:
- v. School-Age (if applicable)

- A. Ratio:
- B. Group size:
- vi. Describe the ratio and group size requirements for license-exempt in-home care.

5.2.3 Provide the teacher/caregiver qualifications for each category of care.

a. Licensed Center-Based Care

- i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

Guam law requires early childhood providers to comply with Guam's Plan for Professional Development (GPPD), requiring a Path A (Alternate Path) certification for all child care providers. Path A identifies four Levels of teacher/caregiver Qualifications with each level consisting of sublevel requirements, Precedential - level 4.

Entry Level: Early Childhood Assistant Provider

Intermediate Level A: Early Childhood Lead Provider

Intermediate Level B: Early Childhood Master Provider

Advanced Level A: Early Childhood Assistant Director / Early Childhood Director

All levels require a high school diploma unless a degree is obtained/awarded. Each level outlines specific measures for completion.

- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

(1) The Early Childhood Director shall be at least twenty- one (21) years of age.

(2) The Early Childhood Director shall have education and experience which will provide the knowledge, skills, and attributes and qualities necessary to carry out an effective program of quality child care as set forth in these laws, rules and regulations.

(3) The minimum education and training requirement for an Early Childhood Director is Level 3 Early Childhood Master Provider/Early Childhood Director as indicated in Guam's Plan for Professional Development.

- iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers: *License-exempt providers must secure fifteen (15) hours of early childhood health and safety related training each year.*

- iv. If applicable, provide the website link detailing the center-based teacher and director qualifications. *In the interim of our permanent website, these requirements will be made available on our temporary website at <http://dphss.guam.gov/guamchildcare/>*

b. Licensed Family Child Care

- i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: *In accordance with Guam's childcare law Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Group Child Care Homes requires that all providers be at least twenty-one (21) years of age or older, complete*

fifteen (15) hours of annual training, maintain certification in Pediatric First Aid & CPR and be free of serious emotional problems that interfere with their ability to care for children, and must demonstrate evidence of ability to deal effectively with practical problems of daily living, child care, and work positively.

- ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes: *License-exempt providers must secure fifteen (15) hours of early childhood health and safety related training each year.*
 - iii. If applicable, provide the website link detailing the family child care home provider qualifications: *In the interim of our permanent website, these requirements will be made available on our temporary website at <http://dphss.guam.gov/guamchildcare/>*
- c. Regulated or registered In-home Care (care in the child's own home by a non-relative)
- i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:
N/A
 - ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:
Click or tap here to enter text.

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety **standards** for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 – 5.3.12.

Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Section 1107.2, 1107.4 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements for illness and communicable disease control. Requirements include child screenings, isolation procedures, and practices for receiving children returning to the facility following an ill occurrence. Section 1107.3 outlines immunization requirements in conformity with the Advisory Committee on Immunization Practices (ACIP), U.S. Centers for Disease Control and Prevention (CDC), Department of Health and Human Services, and the American Academy of Pediatrics (AAP).

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Validation of these requirements are made by DPHSS-BOSSA, Licensing Office and DPHSS-Division of Environmental Health during quarterly facility inspections and monitoring. A certification of compliance report of the Job-Site Inspection is issued by the Lead Agency's Division of Environmental Health and provided to the Guam's CCDF Program Office and BOSSA - Licensing Office. The BOSSA Licensing Officer also works closely with the Guam Immunization program to ensure immunization requirements are adhered to on a quarterly basis.

Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1104 and 1104.1(a)(b)(c)(d) and (e)' - (Health and Safety), §1107.2 (Illness and Communicable Disease Control), §1107.3 (Immunizations), §1107.4 (Testing for Tuberculosis); 10 Guam Code Annotated (GCA), Chapter 2, §2413 (Health Permit Required); §2414 - (Disease Control); the Department of Public Health & Social Services, Division of Environmental Health, Rules and Regulations Governing Child Care Facilities -General Provisions, Section 1.301 (Sanitary Permit); Title 10 Guam Code Annotated, Chapter 3, Public Health and Social Services, Article 3 (Disease Control). These citations may be found in the following links:

<http://dphss.guam.gov/division-of-environmental-health/>
<http://www.guamcourts.org/compileroflaws/GAR/26GAR/26GAR001.pdf>

<http://www.guamcourts.org/compileroflaws/GCA/10gca/10gc003.PDF>

<http://dphss.guam.gov/guamchildcare/>

b. *Pre-Service and Ongoing Training*

- i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

In the interim of the revision of Guam's Child Care Law, Guam has established and implemented an application process which requires interested CCDF providers to comply with the health & safety standards of the CCDBG act. All child care providers must undergo an orientation of health and safety training inclusive of the prevention and control of infectious diseases (including immunizations) as well as at least fifteen hours of annual training coordinated by DPHSS-BOSSA, Licensing Office and other certified trainers.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Guam DPHSS, BOSSA- Licensing Office and CCDF State Program Office, provides annual health & safety orientation to all child care providers and conducts it for new employees within 30 days from the start of employment, with in depth health & safety training to follow through thereafter.

Trainings are coordinated by DPHSS, BOSSA-Licensing Office and CCDF Program Office and other certified trainers.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs

The standard is defined in accordance with the universal definition. Guam's child care law for sudden infant death syndrome ensures that sleeping equipment is safe, sturdy, clean,

age-appropriate and available. The Guam DPHSS, Environmental Health Rules and Regulations requires that crib bars shall be constructed to prevent infants from being trapped between bars.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Validation of these requirements are made by DPHSS-BOSSA, Licensing Office and DPHSS-Division of Environmental Health during quarterly facility inspections and monitoring. A certification of compliance report of the Job-Site Inspection is issued by the Lead Agency's Division of Environmental Health and provided to the Guam's CCDF Program Office and BOSSA - Licensing Office.

26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes §1106.1-5 (Staff to Child Ratio), §1108.3 (Sleeping and Bedding), and the DPHSS's Division of Environmental Health, Rules and Regulations Governing Child Care Facilities - General Provisions, Section 1.16.00 (Sleeping facilities); Section 1.19.01(i) (Safety).

These citations may be found in the following links:

<http://dphss.guam.gov/division-of-environmental-health/>
<http://www.guamcourts.org/compileroflaws/GAR/26GAR/26GAR001.pdf>
<http://www.guamcourts.org/compileroflaws/GCA/10gca/10gc003.PF>

b. *Pre-Service and Ongoing Training*

- i. Provide the citation(s) for this training requirement(s), including citations for both licensed and license-exempt providers.

Annual training is provided by DPHSS-BOSSA, Licensing Office and other certified trainers in the competency area of healthy and safe environments as referenced in Public Law 31-73, section 1109.5, requirements of staff members and indicated in Guam's Plan for Professional Development which includes training on the prevention of sudden infant death syndrome and the use of safe-sleep practices.

In the interim of the revision of Guam's Child Care Law, Guam has established and implemented an application process which requires interested CCDF providers to comply with the health & safety standards of the CCDBG act. All child care providers must undergo an orientation of health and safety training inclusive of the prevention of sudden infant death syndrome and the use of safe-sleep practices as well as at least fifteen hours of annual training coordinated by DPHSS-BOSSA, Licensing Office and other certified trainers.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? [Click or tap here to enter text.](#)

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Guam DPHSS, BOSSA- Licensing Office and CCDF State Program Office, provides annual health & safety orientation to all child care providers and conducts it for new employees within 30 days from the start of employment, with in depth health & safety training to follow through thereafter. Trainings are coordinated by DPHSS, BOSSA-Licensing Office and CCDF Program Office and other certified trainers.

5.3.3 Administration of medication, consistent with standards for parental consent.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Section 1107.2, 1107.4 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to medication administration. The standard requires that the Child Care facility admission procedures include sufficient information and instruction from the parents or guardians be furnished to enable the staff members to make decisions or act on behalf of child, such as obtaining the child's health report, that includes the child's immunization record, and other pertinent information regarding the health of the child, and requiring that prescription and non-prescription medication should in the original container, labeled, dispensed according to written directions on the prescription label or printed manufacturer's label, and stored separately and locked out of children's reach; and It also defines that no medication shall be given without the signed consent of a parent, and prescription drugs shall be given only when prescribed for a child by a licensed physician. Any medication administered by any staff of the child care facility shall be documented and recorded in a medication administration log.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Validation of these requirements are made by DPHSS-BOSSA, Licensing Office and DPHSS-

Division of Environmental Health during quarterly facility inspections and monitoring. A certification of compliance report of the Job-Site Inspection is issued by the Lead Agency's Division of Environmental Health and provided to the Guam's CCDF Program Office and BOSSA - Licensing Office.

26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1102.5 (General Information Requirements), §1107.6 (Medication) and §1108.2 (Storage Spaces). These citations may be found in the following links:

<http://dphss.guam.gov/division-of-environmental-health/>
<http://www.guamcourts.org/compileroflaws/GAR/26GAR/26GAR001.pdf>
<http://www.guamcourts.org/compileroflaws/GCA/10gca/10gc003.PDF>

b. *Pre-Service and Ongoing Training*

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

Annual training is provided by DPHSS-BOSSA, Licensing Office and other certified trainers in the competency area of healthy and safe environments as referenced in Public Law 31-73, section 1109.5, requirements of staff members and indicated in Guam's Plan for Professional Development which includes training related to medication administration.

In the interim of the revision of Guam's Child Care Law, Guam has established and implemented an application process which requires interested CCDF providers to comply with the health & safety standards of the CCDBG act. All child care providers must undergo an orientation of health and safety training inclusive of practices regarding medication administration as well as at least fifteen hours of annual on-going training coordinated by DPHSS-BOSSA, Licensing Office and other certified trainers.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service
 Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes
 No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Guam DPHSS, BOSSA- Licensing Office and CCDF State Program Office, provides annual health & safety orientation to all child care providers and conducts it for new employees within 30 days from the start of employment, with in depth health & safety training to follow through thereafter.

Trainings are coordinated by DPHSS, BOSSA-Licensing Office and CCDF Program Office and other certified trainers.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Section 1107.7 of Guam Public Law 31-73, rules and regulations governing child care facilities and group child care homes outline requirements related to food and nutrition policies and plans, meals prepared and/or served on-site, and food service. The standard addresses responsibilities for food handling, preparation and service; staffing; and nutrition education as an effort to reduce and prevent food emergencies and food related allergic reactions. Section 1109.5, requires that all child care staff obtain a health certificate from the DPHSS, Environmental Health. This certification requires successful completion of the food safety training course and is renewed annually. Section 1112.1, requires child care providers post conspicuously next to all operating phone lines emergency medical phone numbers and have in place emergency procedures. Written medical reports and child health information inclusive of allergies shall be on file for each child to include emergency health care plans, emergency contact information, and authorization for medical treatment during emergencies as outlined in Section 1102.5. Section 1107.5 requires that at least two staff shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation and have at least one of these staff on the premises at all times.

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Validation of these requirements are made by DPHSS-BOSSA, Licensing Office and DPHSS-Division of Environmental Health during quarterly facility inspections and monitoring. A certification of compliance report of the Job-Site Inspection is issued by the Lead Agency's Division of Environmental Health and provided to the Guam's CCDF Program Office and BOSSA - Licensing Office.

26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1102.5 (General Information Requirements), §1107.5 (CPR and First Aid), §1107.7 (Food and Nutrition), §1109.5 (Requirements of Staff Members) and §1112.1 (Display of Documents). These citations may be found in the following links:

<http://dphss.guam.gov/division-of-environmental-health/>
<http://www.guamcourts.org/compileroflaws/GAR/26GAR/26GAR001.pdf>
<http://www.guamcourts.org/compileroflaws/GCA/10gca/10gc003.PDF>

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed

and license-exempt providers.

Annual training is provided by DPHSS-BOSSA, Licensing Office and other certified trainers in the competency area of healthy and safe environments as referenced in Public Law 31-73, section 1109.5, requirements of staff members and indicated in Guam's Plan for Professional Development which includes training on the prevention of and response to emergencies due to food and allergic reactions.

In the interim of the revision of Guam's Child Care Law, Guam has established and implemented an application process which requires interested CCDF providers to comply with the health & safety standards of the CCDBG act. All child care providers must undergo an orientation of health and safety training inclusive of prevention of and response to emergencies due to food and allergic reactions as well as at least fifteen hours of annual on-going training coordinated by DPHSS-BOSSA, Licensing Office and other certified trainers.

26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1107.5 (CPR and First Aid), §1107.7 (Food and Nutrition), §1109.5 (Requirements of Staff Members) These citations may be found in the following links:

<http://dphss.guam.gov/division-of-environmental-health/>
<http://www.guamcourts.org/compileroflaws/GAR/26GAR/26GAR001.pdf>
<http://www.guamcourts.org/compileroflaws/GCA/10gca/10gc003.PDF>

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? *Click or tap here to enter text.*
- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Guam DPHSS, BOSSA- Licensing Office and CCDF State Program Office, provides annual health & safety orientation to all child care providers and conducts it for new employees within 30 days from the start of employment, with in depth health & safety training to follow through thereafter. Trainings are coordinated by DPHSS, BOSSA-Licensing Office and CCDF Program Office and other certified trainers.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

- a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

This standard is defined in Guam's DPHSS child care law and environmental health rules and regulations; whereas the child care requires that before a license is granted for new or renewal, the applicant must obtain a clearance certifying its compliance with local officials according to all applicable health, safety, fire, building, sanitation, plumbing, electrical, mechanical and zoning regulations. A certification of compliance comprised of inspections conducted by Guam's DPHSS, Division of Environmental Health, the Guam Fire Department, Department of Public Works, Department of Land Management, and the Department of Revenue & Taxation is provided to Guam's DPHSS, BOSSA - Licensing Office as part of the licensing process. This report is also provided to CCDF Program Office.

Such inspections include inspecting the design and construction of the facility and ensuring that the adherence to Uniform Plumbing Code, Uniform Building Code, Uniform Mechanical Code, National Electrical Code and the Guam Fire Prevention Code is compiled for new construction, remodeling and renovation. It is also requires that floors and steps shall be free of safety hazards and shall be constructed of or surfaced with non-slippery materials, no furnishings or decorations of an explosive or high flammable material shall be used; curtains and draperies shall be flame resistant; hallways, passageways, or corridors shall be free and clear of obstructions; extension cords shall not exceed 10 feet in length; shall not extend from the one room to another; shall be stapled, nailed or otherwise permanently fastened to walls, floors, or ceilings; and shall be not be placed under rugs or carpets. It also includes ensuring the location and premises are located in a quiet, surroundings, away from excessive noise, odors, dust, smoke, traffic or other hazardous environmental conditions which would interface with the children's comfort, health and safety.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
[Click or tap here to enter text.](#)

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1102.4 (Application Packet) and §1112.0 (Display of Documents). These citations may be found in the following links:

<http://dphss.guam.gov/division-of-environmental-health/>
<http://www.guamcourts.org/compileroflaws/GAR/26GAR/26GAR001.pdf>
<http://www.guamcourts.org/compileroflaws/GCA/10gca/10gc003.PDF>

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

Annual training is provided by DPHSS-BOSSA, Licensing Office and other certified trainers in the competency area of healthy and safe environments as referenced in Public Law 31-73, section 1109.5, requirements of staff members and indicated in Guam's Plan for Professional Development which includes training related to building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

In the interim of the revision of Guam's Child Care Law, Guam has established and

implemented an application process which requires interested CCDF providers to comply with the health & safety standards of the CCDBG act. All child care providers must undergo an orientation of health and safety training inclusive of training related to Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic as well as at least fifteen hours of annual on-going training coordinated by DPHSS-BOSSA, Licensing Office and other certified trainers.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? [Click or tap here to enter text.](#)
- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
 - Pre-Service
 - Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
 - Yes
 - No
- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Guam DPHSS, BOSSA- Licensing Office and CCDF State Program Office, provides annual health & safety orientation to all child care providers and conducts it for new employees within 30 days from the start of employment, with in depth health & safety training to follow through thereafter. Trainings are coordinated by DPHSS, BOSSA-Licensing Office and CCDF Program Office and other certified trainers.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

- a. Standard(s)
 - i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The standard is defined in accordance with the universal definition. Guam child care law requires that child care facilities implement developmentally appropriate practices and a program that promotes building positive relationships among children and adults to increase and/or maintain a sense of self-worth and responsibility to a community. The child care program shall promote health, safety, and nutrition where children and adults are protected from illness and harm and employ staff with the knowledge, skills, and abilities to foster children's learning and development. The program's policies and procedures shall promote a system of high-quality experiences.

Child care programs must ensure that all staff members are free of serious emotional problems which limit their ability to care for children, and that they demonstrate evidence of the ability to deal effectively with practical problems of daily living and of childcare. Staff members must be of reputable and responsible character, and shall not have a criminal history record, employment history records, or background which poses a

risk to children in their care.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes §1109.5 (Requirements of Staff Members).

<http://www.guamcourts.org/compileroflaws/GAR/26GAR/26GAR001.pdf>

<http://www.guamcourts.org/compileroflaws/GCA/10gca/10gc003.PDF>

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

Annual training is provided by DPHSS-BOSSA, Licensing Office and other certified trainers in the competency areas of Child Development Theory and Practical Application, Healthy and Safe Environments, Working with Families, and Professional Conduct and Ethics as referenced in Public Law 31-73, section 1109.5, Requirements of Staff Members and indicated in Guam's Plan for Professional Development which includes training on the prevention of sudden infant death syndrome and the use of safe-sleep practices.

In the interim of the revision of Guam's Child Care Law, Guam has established and implemented an application process which requires interested CCDF providers to comply with the health & safety standards of the CCDBG act. All child care providers must undergo an orientation of health and safety training inclusive of training related to prevention of sudden infant death syndrome and the use of safe-sleep practices as well as at least fifteen hours of annual on-going training coordinated by DPHSS-BOSSA, Licensing Office and other certified trainers.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? *Click or tap here to enter text.*
- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Guam DPHSS, BOSSA- Licensing Office and CCDF State Program Office, provides annual health & safety orientation to all child care providers and conducts it for new employees within 30 days from the start of employment, with in depth health & safety training to follow through thereafter. Trainings are coordinated by DPHSS, BOSSA-Licensing Office and CCDF Program Office and other certified trainers.

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in- place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The emergency preparedness and response planning for emergencies resulting from a natural disaster standard is defined as an island-wide effort, through the Guam Comprehensive Emergency Management Plan (CEMP) which is developed by the Guam Homeland Security/Office of Civil Defense. This plan serves as a master operations document for the Territory of Guam in responding to all emergencies, and all catastrophic, major, and minor disasters, which applies to the child care centers in Guam.

The DPHSS-Environmental Health, requires that a written and rehearsed plan of evacuation in the event of fire or other emergency must be developed and instruction in same must be given to staff. Regular drills by the staff and children in this procedure are required to be conducted at least every month. This fire evacuation plan and fire drill documentation must be prominently displayed in a conspicuous location in addition to fire extinguisher signs, exit signs, earthquake preparedness procedures, emergency phone numbers to include, but not limited to, the fire department, the police, emergency medical services, and other related emergency procedures established by the child care facility as required by Guam Child Care Law, P.L.31-73.

The CCDF Program Office, in collaboration with Guam's DPHSS – BOSSA, Licensing Office are participating and receiving technical assistance to establish standards and develop a territory-wide child care disaster plan that will include training requirements, certification and validation frequency, and establishment of supporting internal policies.

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
[Click or tap here to enter text.](#)
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Center - Emergency Preparedness & Response Plan (EPRP); Part 1.0.00 General Provisions stipulated in Section 1.10.00 Fire Protection 1.18.01 General (g) (General-Fire Protection)

26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1102.4 (Application Packet) and §1112.0 (Display of Documents). These citations may be found in the following links:

<http://dphss.guam.gov/division-of-environmental-health/>
<http://www.guamcourts.org/compileroflaws/GAR/26GAR/26GAR001.pdf>
<http://www.guamcourts.org/compileroflaws/GCA/10gca/10gc003.PDF>

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

Annual training is provided by DPHSS-BOSSA, Licensing Office and other certified trainers in the competency areas of Healthy and Safe Environments, and Working with Families as referenced in Public Law 31-73, section 1109.5, Requirements of Staff Members and indicated in Guam's Plan for Professional Development which includes training related to emergency preparedness and response planning. BOSSA, Licensing Office works closely with child care providers to develop and implement individualized emergency response plans that best suit their facility location, families, and community.

In the interim of the revision of Guam's Child Care Law, Guam has established and implemented an application process which requires interested CCDF providers to comply with the health & safety standards of the CCDBG act. All child care providers must undergo an orientation of health and safety training inclusive of training related to emergency preparedness and response planning as well as at least fifteen hours of annual on-going training coordinated by DPHSS-BOSSA, Licensing Office and other certified trainers.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? *Click or tap here to enter text.*
- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
 Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
 No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Guam DPHSS, BOSSA- Licensing Office and CCDF State Program Office, provides annual health &

safety orientation to all child care providers and conducts it for new employees within 30 days from the start of employment, with in depth health & safety training to follow through thereafter. Trainings are coordinated by DPHSS, BOSSA-Licensing Office and CCDF Program Office and other certified trainers.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The standard is defined in Guam's, DPHSS, Division of Environmental Health's Rules and Regulations Governing Child Care Facilities. It is also a requirement for obtaining or renewing a license. The rules and regulations require that adequate protection must be provided to ensure that all poisons, dangerous chemicals, and hazardous substances are kept out of the reach of children. That all corrosive agents, insecticides, rodenticides, herbicides, bleaches, detergents, polishes, items containing petroleum products, any product which is under pressure in an aerosol dispensing container, and any substance which may be toxic to a child if ingested, inhaled, or handled shall be stored in a locked cabinet and in an area not accessible to the children. That no surfaces covered with lead paint shall be accessible to the children or poisonous plants shall be located on the premises. That all liquid waste must be discharged to a public sanitary sewer or to an individual sewage disposal system approved by Guam Environmental Protection Agency.

As a result of the Coronavirus Pandemic, DPHSS-Environmental Health released additional guidelines regarding the minimum requirements for operations of childcare facilities as outlined in DPHSS Guidance Memorandum 2020-20. These guidelines identify general restrictions, requirements, and recommendations relative to but not limited to intensified cleaning, sanitization, and disinfection efforts inclusive of diapering and bedding, washing, feeding, or holding a child, and additional employee health and hygiene.

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
Click or tap here to enter text.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

The Division of Environmental Health employees conduct pre-licensure inspections upon receipt of a request for a sanitary permit. Unannounced inspections at licensed facilities are conducted quarterly and a copy of the inspection report and their findings is generated and provided to the DPHSS, Bureau of Social Services Administration (BOSSA - Licensing Office) and to DPHSS Child State Office. To ensure compliance with the latest pandemic guidance, all licensed facilities were required to submit a pandemic mitigation plan to DPHSS-Environmental Health prior to reopening and are enforced through regular unannounced quarterly inspections utilizing an additional inspection checklist specific to the additional pandemic standards.

Guam's DPHSS's Division of Environmental Health, Rules and Regulations Governing Child Care Facilities, Section 1.19.01(a)(k) - (Safety) and Section 1.13.01 (d) - (Water Supply,

Sewers and Plumbing). DPHSS's Division of Environmental Health, Guidance Memorandum 2020-20. 26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1105.1 (Program Requirements).

These citations may be found in the following links:

<http://dphss.guam.gov/division-of-environmental-health/>

<http://www.guamcourts.org/compileroflaws/GAR/26GAR/26GAR001.pdf>

<http://www.guamcourts.org/compileroflaws/GCA/10gca/10gc003.PDF>

b. Pre-Service and Ongoing Training

- i.* Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

Annual training is provided by DPHSS-BOSSA, Licensing Office and other certified trainers in the competency area of healthy and safe environments as referenced in Public Law 31-73, section 1109.5, requirements of staff members and indicated in Guam's Plan for Professional Development which includes training on the Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

In the interim of the revision of Guam's Child Care Law, Guam has established and implemented an application process which requires interested CCDF providers to comply with the health & safety standards of the CCDBG act. All child care providers must undergo an orientation of health and safety training inclusive of training related to handling and storage of hazardous materials and the appropriate disposal of bio-contaminants as well as at least fifteen hours of annual on-going training coordinated by DPHSS-BOSSA, Licensing Office and other certified trainers.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? [Click or tap here to enter text.](#)

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Guam DPHSS, BOSSA- Licensing Office and CCDF State Program Office, provides annual health & safety orientation to all child care providers and conducts it for new employees within 30 days from the start of employment, with in depth health & safety training to follow through thereafter. Trainings are coordinated by DPHSS, BOSSA-Licensing Office and CCDF Program Office and other certified trainers.

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Currently the child care providers do not provide transportation services. However, the standard is defined in Guam's DPHSS child care law which states that when transportation is provided by a child care facility, children shall be protected by adequate supervision, safety precautions, and liability and medical insurance coverages. These include but are not limited to, vehicle and driver must be in compliance with all relevant motor vehicle and traffics; during any field trip or excursion operated or planned by the child care facility, the staff to child ratios as provided in the statute (§1106) shall apply as noted in the statute.

ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. [Click or tap here to enter text.](#)

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

26 Guam Rule and Regulation, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1114.1 (Transportation). These citations may be found in the following link: <http://www.guamcourts.org/compileroflaws/GAR/26GAR/26GAR001.pdf>

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirements, including citations for both licensed and license-exempt providers.

Not applicable. However, the Lead Agency's child care law, 26 Guam Rules and Regulation, Title 26, Chapter 1, Article 1, §1141 General requires that when transportation is provided by a child care facility, children shall be protected by adequate supervision, safety precautions, and liability and medical insurance coverages, as detailed in the statute's sections (a), (b), (c), (d), (e) and (f).

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? [Click or tap here to enter text.](#)

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Guam DPHSS, BOSSA- Licensing Office and CCDF State Program Office, provides annual health & safety orientation to all child care providers and conducts it for new employees within 30 days from the start of employment, with in depth health & safety training to follow through thereafter. Trainings are coordinated by DPHSS, BOSSA-Licensing Office and CCDF Program Office and other certified trainers.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The standard is defined in Guam's, DPHSS Child Care law and Environmental Rules and Regulations. The child care law requires that at least two (2) staff involved in providing direct care and education of children shall complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation (CPR). At least one (1) first aid kit must be maintained on the premises of all child care facilities at all times and wherever the children are in care.

The environmental health rules and regulations also require that a standard first-aid equipment must be accessible to all staff members but kept out of the reach of children.

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Guam Child Care Law requires that all Group Child Care Home providers are required to complete and maintain certification requirements in pediatric first aid, and safety and management of blocked airway and rescue breathing, including cardio pulmonary resuscitation (CPR).

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

To ensure compliance, the Division of Environmental Health employees conduct pre-licensure inspections upon receipt of a request for a sanitary permit. Unannounced inspections at licensed facilities are conducted quarterly and a copy of the inspection report and their findings is generated and provided to the DPHSS, Bureau of Social Services Administration (BOSSA - Licensing Office) and to DPHSS Child State Office. The DPHSS, BOSSA-Licensing Office also conducts unannounced monitoring inspections at least once annually to ensure compliance and requires these certifications at time of application for new or renewal licenses.

26 Guam Rules and Regulations, Title 26, Chapter 1, Article 1, §1107.5 (CPR and First Aid), DPHSS Environmental Health, Rules and Regulations Governing Child Care Facilities, Section 1.19.00 (Safety) - 1.19.01(b) - General.

These citations may be found in the following links:

<http://dphss.guam.gov/division-of-environmental-health/>

<http://www.guamcourts.org/compileroflaws/GAR/26GAR/26GAR001.pdf>

<http://www.guamcourts.org/compileroflaws/GCA/10gca/10gc003.PDF>

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

Annual orientation training is provided by DPHSS-BOSSA, Licensing Office regarding the importance of Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

In the interim of the revision of Guam's Child Care Law, Guam has established and implemented an application process which requires interested CCDF providers to comply with the health & safety standards of the CCDBG act. All child care providers must undergo an orientation of health and safety training inclusive of training related to Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR). The Guam CCDF Office also has plans to provide financial assistance to child care providers in order to obtain this certification, with intentions of having 100% of child care providers fully certified.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? *Click or tap here to enter text.*
- iii. To demonstrate compliance, certify by checking below when the state/territory requires

this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and

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update the health and safety practices as described in the standards above.

Guam DPHSS, BOSSA- Licensing Office and CCDF State Program Office, provides annual health & safety orientation to all child care providers and conducts it for new employees within 30 days from the start of employment, with in depth health & safety training to follow through thereafter. Trainings are coordinated by DPHSS, BOSSA-Licensing Office and CCDF Program Office and other certified trainers.

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The standards are defined in Guam's DPHSS child care law which requires that the child care facility shall ensure that each child care staff to be knowledgeable and informed of their individual mandatory responsibility to report all incidents of child abuse or neglect to the DPHSS - Division of Child Protective Services Section accordingly. This applies to all child care providers, regardless if they're receiving child care funds.

In addition, at the time of admission, the child care facility is required to provide the child's parent or guardian information that explains how to report suspected child abuse or neglect, and that the facility is mandated to report any suspected child abuse or neglect to the proper authorities. Such reports are provided by the Child Protective Services to the licensing office.

Section 1107.2 of the Guam Child Care Law, requires that child care providers conduct a general health screening and inspection of children upon daily arrival to the facility. This health screening and inspection helps providers recognize and address possible abuse and or neglect in a timely manner. The child care law also requires that the child care facility provide written information detailing the steps to report any licensing, health, and safety violations against a child care facility at the time of admission, to the child's parent or guardian, and to potential staff members prior to recruitment.

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
[Click or tap here to enter text.](#)
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Although not specifically stated in the child care law, it is the current practice that Child Care providers report accidents, incidences, and suspicious child screening/inspection that occur at the center immediately but no longer than 24 hours after the occurrence. This report is done online and is sent to the DPHSS, BOSSA-Licensing Office instantly. Any serious injuries that may require a child abuse and neglect referral will be flagged by the DPHSS, BOSSA-Licensing Office who will provide direct guidance to the provider to complete the report.

26 Guam Rules and Regulation, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1107.2 (Illness and Communicable Disease Control); §1111.1 (Reporting Child Abuse and Neglect); §1111.2 (Reporting Licensing Complaints) which is applicable to all licensed and license-exempt providers. These citations may be found in the following links:

<http://dphss.guam.gov/division-of-environmental-health/>
<http://www.guamcourts.org/compileroflaws/GAR/26GAR/26GAR001.pdf>
<http://www.guamcourts.org/compileroflaws/GCA/10gca/10gc003.PDF>

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement(s), including citations for both licensed and license-exempt providers.

Annual orientation training is coordinated by DPHSS-BOSSA, Licensing Office aligned with the competency area of healthy and safe environments as referenced in Public Law 31-73, section 1109.5, requirements of staff members and indicated in Guam's Plan for Professional Development which includes the importance of Recognition and reporting of child abuse and neglect.

In the interim of the revision of Guam's Child Care Law, Guam has established and implemented an application process which requires interested CCDF providers to comply with the health & safety standards of the CCDBG act. All child care providers must undergo an orientation of health and safety training inclusive of training related to recognition and reporting of child abuse and neglect.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? *Click or tap here to enter text.*
- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
 Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
 No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Guam DPHSS, BOSSA- Licensing Office and CCDF State Program Office, provides annual health & safety orientation to all child care providers and conducts it for new employees within 30 days from the start of employment, with in depth health & safety training to follow through thereafter.

Trainings are coordinated by DPHSS, BOSSA-Licensing Office and CCDF Program Office and other

certified trainers.

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

a. Pre-Service and Ongoing Training

- i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers.

Annual orientation training is conducted by DPHSS-BOSSA, Licensing Office and the CCDF Program office for all child care providers and within 30 days upon hire for all new child care providers regarding the importance of Child Development and Developmentally Appropriate Practices.

Section 1109.5 of Guam Rules and Regulations Governing Child Care Facilities and Group Child Care Homes requires that each staff member be qualified through training, experience, skills, and education, as indicated in Guam's Plan for Professional Development (GPPD). The GPPD (Appendix A) details the framework for training and professional development in Guam. The GPPD follows "Core Standard for Professional Preparation" from the National Association of the Education of Young Children (NAEYC). These five standards provide the foundation for professional practices that – 1) Promote child development and training; 2) Are culturally respectful and responsive; 3) Promotes ethical behavior and professional advocacy; and 4) Provides in-depth field experience in high quality professional preparation. Standard 1: Promoting Child Development and Learning; Standard 2: Building Family and Community Relationships; Standard 3: Observing, Documenting, and Assessing to Support Young children and families; Standard 4: Teaching and Learning; and Standard 5: Being a Professional. These Core Standards provide the framework for early childhood professionals' education and training. Core Topics and General Competencies are the foundation of fundamental skills that early childhood personnel should acquire and strengthen to increase their knowledge and skills.

Guam's Plan for Professional Development comprises of two paths for certification:

Path A (the Alternate Path) is to be used by early childhood providers not employed with the Department of Education and/or the Government of Guam. Individuals utilizing Path A will be subject to credential review by the Early Childhood Professional Development Subcommittee under the Guam Early Learning Council (GELC).

Path B is to be used by professional in the early childhood field employed by public or private agencies and individuals utilizing Path B are subject to the regulations and requirements set forth by the Guam Commission for Educator Certification.

In the interim of the revision of Guam's Child Care Law, Guam has established and implemented an application process which requires interested CCDF providers to comply with the health & safety standards of the CCDBG act. All child care providers must undergo an orientation of health and safety training inclusive of the importance of Child Development and Developmentally Appropriate Practices.

- ii. Describe any variations in training requirements for this topic. Do training requirements

vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Section 1110.1 of Guam Rules and Regulations Governing Child Care Facilities and Group Child Care Homes requires that all Group Child Care Home providers receive fifteen (15) hours of annual training in the areas of, but not limited to, health, safety, nutrition, and child development.

iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

Guam Child Care Law, requires that Early Childhood Directors provide information on workshops, seminars, training sessions or courses available to all staff members to encourage staff growth and development.

Additionally, annual training is provided by DPHSS-BOSSA, Licensing Office and other certified trainers in the following competency areas to include but not limited to, as referenced in Guam's Plan for Professional Development: Child Development Theory and Practical Application; Healthy & Safe Environments; Adaptations and Modifications; Working with Families; Observation and Assessment; and Professional Conduct and Ethics.

Training hours are calculated upon education credential review and are assessed in order to meet certification advancement as required by Guam Child Care Law.

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

The minimum number of pre-service or orientation is 15 hours of training annually and or set forth by individual child care provider's GPPD Level, as required by Guam Law as described below:

Early Childhood Assistant Provider: minimum 45 to 90 clock hours of training in Early Childhood Education from a course offered by institutions of higher education or part of a professional certificate professional growth plan. Renewability-none.

Early Childhood Lead Provider: minimum 105 to 150 clock hours of training in Early Childhood Education from a course offered by institutions of higher education or part of a professional certificate professional growth plan. Renewability up to three (3) times with proof of earned six (6) or more semester hours of college credit per year applicable; or fifteen (15) hours of in-service training initiated or approved by the

DPHSS, or related early education agencies / departments.

Early Childhood Master Provider/ Early Childhood Assistant Director/Director: minimum thirty-three (33) semester hours of college credits with at least six (6) semester hours in Early Childhood Education but less than the requirements for the Initial Educator Certificate; or at least fifty-one (51) semester hours/college credits with six (6) semester hours in Early Childhood Education Core Knowledge Areas. Renewability up to three (3) times with proof of earned six (6) or more semester hours of college credit per year applicable to requirements for the Initial Educator Certificate; or fifteen (15) hours of in-service training initiated or approved by the DPHSS, or related early education agencies / departments.

Basic Preschool (Birth-Kindergarten) Teacher: associate degree in early childhood education; or an associate degree in a field related with equivalent to a major relating to early childhood education, with one (1) year experience teaching preschool-aged children, or a baccalaureate degree in early childhood education and has not taken and/or passed the PRAXIS I...

b. License-exempt child care centers:

In the interim of the revision of Guam's Child Care Law, Guam has established and implemented an application process which requires interested CCDF providers to comply with the health & safety standards of the CCDBG act. All child care providers must undergo an orientation of health and safety training and complete at least 15-hours of pre-service or orientation training annually which covers the topical/competency areas of child development, health and safety environments, adaptations and modifications, working with families, observations and assessment and professional conduct and ethics.

c. Licensed family child care homes:

Fifteen (15) hours of annual training in the areas of, but not limited to, health, safety, nutrition, and child development.

d. License-exempt family child care homes:

In the interim of the revision of Guam's Child Care Law, Guam has established and implemented an application process which requires interested CCDF providers to comply with the health & safety standards of the CCDBG act. All child care providers must undergo an orientation of health and safety training and complete at least 15-hours of pre-service or orientation training annually which covers the topical/competency areas of child development, health and safety environments, adaptations and modifications, working with families, observations and assessment and professional conduct and ethics.

e. Regulated or registered In-home child care:

Although there are currently no regulated or registered In-home child care providers, such providers will be subject to the CCDF application process which requires interested CCDF providers to comply with the health & safety standards of the CCDBG act and requires that all child care providers must undergo an orientation of health and safety training and complete at least 15-hours of pre-service or orientation training annually which covers the topical/competency areas of child development,

health and safety environments, adaptations and modifications, working with families, observations and assessment and professional conduct and ethics.

- f. Non-regulated or registered in-home child care: *N/A*

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5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition:

Guam Child Care Law 31-73, Section 1107.1 Food and Nutrition, (a) Food and Nutrition Policies and Plans; (b) Meals prepared and/or Served On-Site.. shall provide adequate nutritious food appropriate to the age of the child...; (c) ...promote and understanding of the importance of nutritious meals and snacks as recommended by the U.S.D.A. Food and Nutrition Guidelines; (d) ..special diets...

Annual training is conducted in the competency area of Healthy and Safe Environments pursuant to Section 1109.5 Requirements of Staff Members; Health Certificate certification pursuant to Title 10 GCA, Chapter 22, and applicable rules and regulations; Section 1112.1 General (c) Copy of Health Certificate.

b. Access to physical activity:

Guam Child Care Law 31-73, Section 1108.0 Materials and Equipment. The selection, quantity, arrangement and use of available materials and equipment shall be age-appropriate, durable, meet the U.S. Consumer Product Safety Commission recommendations. This standard requires that children have access to materials and equipment that provide opportunities for indoor and outdoor play, exploration, expression, experimentation, and discovery. Section 1105.1 also requires that child care facilities shall have a well-maintained indoor and outdoor physical environment that is appropriate, safe, and accessible.

Annual training is conducted / coordinated by the DPHSS-BOSSA, Licensing Office and the CCDF Program Office in the competency area of Healthy and Safe Environments pursuant to Section 1109.5 Requirements of Staff Members.

c. Caring for children with special needs:

Section 1108.1 of the Guam Child Care Law requires providers to utilize materials and equipment that meet the recommendations of the Americans with Disabilities Act (ADA) for all children, including children with special needs. A child care facility shall not discriminate against any person of race, color, national origin, age, sex, religion or disability in admission to, participation in, or receipt of the services and benefits of any of its programs and activities. A child care facility shall not deny or provide for the access and accommodation of persons with disabilities in compliance with the Americans with Disabilities Act of 1990 and conform to any Guam laws and applicable rules and regulations governing persons with disabilities and other protected groups as stated in Section 1117.0 Non-Discrimination.

Annual training is conducted and coordinated by the DPHSS-BOSSA, Licensing Office, the CCDF Program Office, and other certified trainers related to the importance and sensitivity of working with children with special needs, pursuant to Section 1109.5 (Requirements of Staff Members); (B) Healthy and Safe Environments; (C) Adaptations and Modifications; (D) Working with Families; (E) Observation and Assessment; (F) Professional Conduct and Ethics. Additionally, child care providers participate in the practices of connecting families to supportive community partners and working with families to accommodate their children's individual needs.

d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe:

Section 1105.1 of the Guam Child Care Law requires that child care facilities implement developmentally appropriate practices, implement age-appropriate curriculum, promote a program that builds positive relationships, implement a program that promotes cognitive, social, emotional, language, aesthetic, and physical areas of child development, a program that promotes effective teaching strategies that reflect culture, language, and development needs for individual learning, ensure appropriate instruction, intervention, and/or evaluation to promote health, safety, and nutrition in an environment where children and adults are protected from illness and harm; the program shall building partnerships with families to support active involvement in their child's grown and development and connect with community resources to support program goals.

Annual training is conducted / coordinated by the DPHSS-BOSSA, Licensing Office and the CCDF Program in the competency area of Healthy and Safe Environments pursuant to Section 1109.5 Requirements of Staff Members.

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5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

- A. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety **Standards** as described in Section 5.3.

Guam has established and implemented an application process which requires interested CCDF providers to comply with the health & safety standards of the CCDBG act. As part of this application process, providers are required to complete a pre-service orientation of health and safety standards and certify acknowledgment of such standards. This certification is renewed annually for license-exempt providers and every two (2) years for licensed providers.

Additionally, Childcare providers are regulated and must comply with child care standards. These standards are certified using Child Care Inspection and Monitoring Checklists conducted by the Child Care Licensing Office, Child Care Facility Inspection Reports conducted by the Division of Environmental Health, and CCDF Provider Certification form validated by the CCDF Program Office.

- B. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety **Training** as described in Section 5.3.

Guam has established and implemented an application process which requires interested CCDF providers to comply with the health & safety standards of the CCDBG act. Upon receipt of the application and all required documents, the applicant will undergo a preliminary facility inspection, criminal history background check, and pre-service orientation of health and safety standards. Upon validation of documentation and successful completion of preliminary requirements, a CCDF Provider Certification is issued. Certification for License-Exempt Providers are renewed annually and certified by the CCDF Program Office. Certification for Licensed Child Care Providers are renewed every two (2) years and certified by the Bureau of Social Services Administration (BOSSA) Licensing Officer. Within thirty (30) days of the certification period, a Provider Orientation will be conducted by the CCDF representative regarding program requirements. Renewability of provider certifications are subject to required document updates and fulfillment of at least fifteen (15) hours of annual health and safety related training.

- C. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

The Child Care Licensing Office conducts at least one (1) unannounced inspection each year for all child care providers. The Division of Environmental Health conducts quarterly unannounced inspections for all child care providers. Upon the renewal process, annual for

license-exempt providers and every two (2) years for licensed providers, child care providers are required to obtain Certification and Inspection Reports from the following enforcement agencies: Guam Department of Public Works-Building Permit and Inspection, Guam Fire Department-Fire Prevention Bureau, Guam Division of Environmental Health, Guam Department of Land Management-Zoning Division.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory’s monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

- i. Describe your state/territory’s policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

Prior to obtaining a license and or certification to be a CCDF Provider, child care providers are required to obtain Certification and Inspection Reports from the following enforcement agencies: Guam Department of Public Works-Building Permit and Inspection, Guam Fire Department-Fire Prevention Bureau, Guam Division of Environmental Health, Guam Department of Land Management-Zoning Division. Additionally, initial facility inspection and document checklists must be completed and verified by the Child Care Licensing Office and or the CCDF Program Office, in accordance with Guam Public Law 31-73, Section 1102.1 License Required (c); validating compliance of applicable health, safety, fire, building, and sanitation regulations.

- ii. Describe your state/territory’s policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

The Child Care Licensing Office conducts at least one (1) unannounced inspection each year for all child care providers. The Division of Environmental Health conducts quarterly unannounced inspections for all child care providers.

- iii. Identify the frequency of unannounced inspections:

A. Once a year

B. More than once a year. Describe: *At least once by Child Care Licensing Office and at least four (4) times per year by the Division of Environmental Health.*

- iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards. *N/A*

- v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers.

In accordance with Guam's Child Care Law, Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities, §1102.12 An inspection of a child care facility shall be conducted at least once every 12 months. Additional inspections shall be conducted as often and necessary for the enforcement of the rules and regulations.

- b. Licensed CCDF family child care home

- i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards.

Guam has established and implemented an application process which requires interested CCDF providers to comply with the health & safety standards of the CCDBG act. As part of this application process, providers are required to complete a pre-service orientation of health and safety standards and certify acknowledgment of such standards. This certification is renewed every two (2) years for licensed providers.

Additionally, Childcare providers are regulated and must comply with child care standards. These standards are certified using Child Care Inspection and Monitoring Checklists conducted by the Child Care Licensing Office, Child Care Facility Inspection Reports conducted by the Division of Environmental Health, and CCDF Provider Certification form validated by the CCDF Program Office.

- ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

The Child Care Licensing Office conducts at least one (1) unannounced inspection each year for all child care providers. The Division of Environmental Health conducts quarterly unannounced inspections for all child care providers.

- iii. Identify the frequency of unannounced inspections:

A. Once a year

B. More than once a year. Describe: *At least once by Child Care Licensing Office and at least four (4) times per year by the Division of Environmental Health.*

- iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards. *N/A*

- v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers. *Click or tap here to enter text.*

In accordance with Guam's Child Care Law, 26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes; §11021. 2 An inspection of a child care facility shall be conducted at least once every 12 months. Additional inspections shall be conducted as often and necessary for the enforcement of

the rules and regulations.

licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A – D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

[Click or tap here to enter text.](#)

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

[Click or tap here to enter text.](#)

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year. Describe: [Click or tap here to enter text.](#)

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers) continue to comply with the applicable licensing standards, including health, safety, and fire standards.

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

[Click or tap here to enter text.](#)

d. List the entity(ies) in your state/territory that is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers.

[DPHSS-Bureau of Social Services Administration, Child Care Licensing Office; DPHSS-Division of Environmental Health](#)

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

[The inspection of child care providers does not differ between licensed and license-exempt child care providers. The Child Care Licensing Office conducts at least one \(1\) unannounced inspection each year for all child care providers. The Division of Environmental Health conducts quarterly unannounced inspections for all child care providers.](#)

i. Provide the citation(s) for this policy or procedure. *Policies regarding the monitoring procedures for license-exempt providers stem from the annual renewal of provider health certification and sanitary permit, validation for these renewals are certified by facility inspections. Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes and Guam's Department of Public Health & Social Services, Division of Environmental Health, Rules and Regulations Governing Child Care Facilities.*

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Announced and/or announced monitoring is completed annually and quarterly.

i. Provide the citation(s) for this policy or procedure.

Health Certifications and Sanitary Permits are only awarded annually and must be renewed through inspection. Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes and Guam's Department of Public Health & Social Services, Division of Environmental Health, Rules and Regulations Governing Child Care Facilities.

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

Guam currently does not have any participating license-exempt in-home care providers. However, these providers are subject to the same monitoring practices as all other providers; annual and quarterly, announced and/or announced monitoring.

b. Provide the citation(s) for this policy or procedure.

Health Certifications and Sanitary Permits are only awarded annually and must be renewed through inspection. Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes and Guam's Department of Public Health & Social Services, Division of Environmental Health, Rules and Regulations Governing Child Care Facilities.

- c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

The Lead Agency's Division of Environmental Health (DEH) and the CCDF State Program Office conducts compliance reviews.

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

- a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers.

The Lead Agency's Division of Environmental Health's (DEH) are certified and required to maintain their certifications, coupled with receiving the training on CCDF health and safety requirements. From the recruitment perspective, the requirements to apply for the position requires necessary qualification to be employed as an inspector, which includes but is not limited to education and work experience in order to conduct inspection related to health and safety. In addition, a designated Social Services Licensing Officer from the Guam DPHSS, BOSSA License Office is designated to monitor and inspect of the facility which includes but is not limited to updated health certificate, training certificates, developmentally appropriate practices, etc.

- b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

The Lead Agency's Division of Environmental Health's (DEH) are certified and required to maintain their certifications, coupled with receiving the training on CCDF health and safety requirements. From the recruitment perspective, the requirements to apply for the position requires necessary qualification to be employed as an inspector, which includes but is not limited to education and work experience in order to conduct inspection related to health and safety. In addition, a designated Social Services Licensing Officer from the Guam DPHSS, BOSSA License Office is designated to monitor and inspect of the facility which includes but is not limited to updated health certificate, training certificates, developmentally appropriate practices, etc.

- c. Provide the citation(s) for this policy or procedure.

Environmental Inspector certifications are broad and not limited to child care provider/facility requirements. DPHSS's Division of Environmental Health, Rules and Regulations Governing Child Care Facilities. Social Services Licensing Officer: Guam Department of Administration, Government of Guam, Personnel Rules and Regulation, Job Classification No. 6.151

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a _____

level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

- a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. *Click or tap here to enter text.*

For Environmental Health Inspectors, there are 45 child care providers and 4 licensed inspectors, which equates to approximately 11 centers to 1 inspector (11:1), while the Social Services Licensing Officer ratio is 45:1

- b. Provide the policy citation and state/territory ratio of licensing inspectors.

Policies pertaining to the ratio of licensing inspectors to child care providers are in development.

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5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services
i. Criminal registry or repository using fingerprints in the current state of residency	<input type="checkbox"/> Citation: <i>26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1102.4 (a)(1)(E)(6) (Application Packet) requires that a Guam name-based criminal history check is conducted. Policy and procedures are in development to meet this fingerprint-based check requirement.</i>	<input type="checkbox"/> Citation: <i>26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1102.4 (a)(1)(E)(6) (Application Packet) requires that a Guam name-based criminal history check is conducted. Policy and procedures are in development to meet this fingerprint-based check requirement.</i>

ii. Sex offender registry or repository check in the current state of residency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Citation: <i>26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1102.4 (a)(1)(E)(6) (Application Packet);</i>	Citation: <i>26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1102.4 (a)(1)(E)(6) (Application Packet);</i>
iii. Child abuse and neglect registry and database check in the current state of residency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Citation: <i>26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1102.4 (a)(1)(E)(6) (Application Packet);</i>	Citation: <i>26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1102.4 (a)(1)(E)(6) (Application Packet);</i>

b. Components of National Background Check

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services
i. FBI Fingerprint Check	<input type="checkbox"/>	<input type="checkbox"/>
	Citation: <i>Guam Bureau of Management Support BMS Policy No 2021-001 requires an FBI fingerprint check for all providers. This policy has been approved, but is not yet fully implemented.</i>	Citation: <i>Guam Bureau of Management Support BMS Policy No 2021-001 requires an FBI fingerprint check for all providers. This policy has been approved, but is not yet fully implemented.</i>
ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search	<input type="checkbox"/>	<input type="checkbox"/>
	Citation: <i>Guam Bureau of Management Support BMS Policy No 2021-001 requires an NCIC NSOR check for all providers. This policy has been approved, but is not yet fully implemented.</i>	Citation: <i>Guam Bureau of Management Support BMS Policy No 2021-001 requires an NCIC NSOR check for all providers. This policy has been approved, but is not yet fully implemented.</i>

c. Components of Interstate Background Checks

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services
<p>i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.</p> <p>Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).</p>	<p style="text-align: center;"><input type="checkbox"/></p> <p>Citation: <i>26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1102.4 (a)(1)(E)(6) (Application Packet); Local law requires that checks in local and national registries are conducted. However, more specified policies and procedures are in development to meet this requirement.</i></p>	<p style="text-align: center;"><input type="checkbox"/></p> <p>Citation: <i>26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1102.4 (a)(1)(E)(6) (Application Packet); Local law requires that checks in local and national registries are conducted. However, more specified policies and procedures are in development to meet this requirement.</i></p>
<p>ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.</p> <p>Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.</p>	<p style="text-align: center;"><input checked="" type="checkbox"/></p> <p>Citation: <i>26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1102.4 (a)(1)(E)(6) (Application Packet).</i></p>	<p style="text-align: center;"><input checked="" type="checkbox"/></p> <p>Citation: <i>26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1102.4 (a)(1)(E)(6) (Application Packet).</i></p>

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services
iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years Note: This is a name-based search	<input checked="" type="checkbox"/> Citation: <i>26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1102.4 (a)(1)(E)(6) (Application Packet); 19 Guam Code Annotated Personal Relations Chapter 13, Child Protective Act §13209.1; Duties of Child Protective Services</i>	<input checked="" type="checkbox"/> Citation: <i>26 Guam Administrative Rules and Regulations, Title 26, Chapter 1, Article 1 - Child Welfare Services Act; Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes, §1102.4 (a)(1)(E)(6) (Application Packet); 19 Guam Code Annotated Personal Relations Chapter 13, Child Protective Act §13209.1; Duties of Child Protective Services</i>

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in § 98.43(g) and the web site of local lead agencies.

- a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description. *Policies and procedures to address this requirement are in development. Such procedures shall include the detailed steps for the provider to request required background checks. This procedure shall apply to all licensed, regulated, registered, and CCDF eligible providers.*

Pending the revision of the child care law to include this provision, an MOA between Guam's DPHSS CCDF Program Office and the Judiciary of Guam is still under administrative review in order to respond and address the legal clarification and concerns of the contract for services related to the fingerprinting requirements and background check, Guam DPHSS-BOSSA Licensing Office will continue to apply the child care law requirements which includes but is

not limited to obtaining police and court clearances, conducting sex offender registry with Guam's sex offender registry and verifying child abuse with DPHSS, Child Protective Service. It will also continue to utilize the Daily Confinement Listing provided the Department of Corrections which is currently being utilized for the SNAP benefits. This list contains information of individuals who arrested and confined with the local and/or federal prison, and the charges brought against them.

The Guam's child care law is due for a review and any legislation update, and is pending the coordination of a committee of various stakeholders by Guam's DPHSS-BOSSA's (License Office). The DPHSS Child Care Program Office will to collaborate with Guam's DPHSS - BOSSA (License Office) to participate and provide input to establish standards within the next 3 years. Therefore, pending the revision of the law, CCDF Program Office will collaborate with Guam's DPHSS-BOSSA License Office to work with the Judiciary of Guam in completing the MOA.

- b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)). *Guam has established an MOA between DPHSS-CCDF and Judiciary which includes that DPHSS will assess and pay the Judiciary as set forth and that no fees will be charged to the applicant.*
- c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:
Guam does not currently allow for provisional employment
- d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years. *Providers request background checks for staff members that have resided in another state within the previous 5 years by requiring the prospective employee to disclose on their consent form that place of residence. The consent form is submitted to the Child Care Licensing Division which triggers the interstate child abuse and neglect registry check. Specified Policies and procedures to address the interstate sex offender registries and the interstate criminal history checks are in development to meet this requirement. These additional interstate checks will also be completed by the Child Care Licensing Division at the time of receipt of the applicant consent form.*
- e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program

only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service. *BMS Policy 2021-001 requires comprehensive background checks at least every five years for all child care staff members, (including prospective child care staff members) of all licensed, regulated, or registered child care providers and all child care providers eligible to receive CCDF Block grant subsidy pursuant to 45 CFR § 98.43(2).*

Specified Policies and procedures to ensure these components of the background check process is completed at least once during each 5-year period is in development to meet this requirement which will be maintained and monitored by BOSSA, Child Care Licensing.

- f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check. *Providers are required to report new employment or termination of employment to BOSSA who maintains and monitors a master staffing registry of all child care providers. Under current Guam law and policy, any new employee must undergo a new local criminal history check upon hire at a new facility which is prompted by the submission of a consent for disclosure form at the new childcare facility. BMS Policy 2021-001 requires comprehensive background checks to be submitted before the provider is hired, least once every five (5) years, and after 180 days or greater break in service.*
- g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).
<http://dphss.guam.gov/guamchildcare/>

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
 - How the Lead Agency is informed of the results of each background check component
 - Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
 - How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.
- a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility. *Procedures for conducting the in-state background check requests and making a determination of eligibility pursuant to the CCDBG Act are currently*

under development.

- b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here. *Procedures for conducting the national background and NCIC NSOR check requests and making a determination of eligibility pursuant to the CCDBG Act are currently under development.*
- c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years). *Procedures for conducting the interstate background check requests and making a determination of eligibility pursuant to the CCDBG Act are currently under development.*
- d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe. *Specific procedures are in development regarding the eligibility determination in the event that not all background check components are completed within the 45-day timeframe.*
- e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works. *Not applicable. All staff members must be a resident of Guam to maintain employment considering that Guam is an island territory.*

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5.5.4 State designation as a “Compact State” and participation in the National Fingerprint File program.

- a. “Compact States” are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

- b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state’s criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state’s criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

- a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility). *If an interstate criminal history check requests from another state is made, the Lead Agency directs the requestor to submit a notarized letter of authorization for release of information with a self-addressed, stamped envelope to the Chief of Police, Guam Police Department/Police Clearances, PO Box 23909 GMF, Barrigada, Guam 96921. The request should include the following:*

1. Requestor’s complete name, including aliases/nicknames and other names used.

2. SSN

3. Date of Birth (must be 18 years or older).

4. A copy of a valid U.S. Federal/State Government issued photo ID; e.g. driver's license, U.S. passport.

5. Payment of \$15.00 in the form of U.S. Money Order or U.S. Cashier's Check payable to the "Treasurer of Guam".

6. Requestor’s email address.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

If an interstate Sex Offender Registry Check request from another state is made, the Lead Agency directs the requestor to the Local Sex Offender Registry search page at <http://www.guamcourts.org/sor/searchoffender.asp>

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies

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that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

A request for information about the child abuse and neglect registry is routed to BOSSA Child Protective Services. This division will provide a yes/no response regarding whether the individual is on the registry is mailed to requestor.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970- 0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

- a. Interstate Criminal Background Check:
- i. Agency Name
 - ii. Address
 - iii. Phone Number
 - iv. Email
 - v. FAX
 - vi. Website
 - vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
 - viii. Forms
 - ix. Fees
 - x. Is the state a National Fingerprint File (NFF) state?
 - xi. Is the state a National Crime Prevention and Privacy Compact State?
 - xii. Direct URL/website link to where this information is posted. *In the interim of*

a permanent website, Guam will utilize the temporary website at: <http://dphss.guam.gov/guamchildcare/> while simultaneously working with the newly awarded vendor to develop the website.

b. Interstate Sex Offender Registry (SOR) Check: Click or tap here to enter text.

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii. Forms
- ix. Fees
- x. Direct URL/website link to where this information is posted.

In the interim of a permanent website, Guam will utilize the temporary website at: <http://dphss.guam.gov/guamchildcare/> while simultaneously working with the newly awarded vendor to develop the website.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number
- v. Email
- vi. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- ix. Forms
- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated")

instances of child abuse and neglect.

- xii. Direct URL/website link to where this information is posted. *In the interim of a permanent website, Guam will utilize the temporary website at: <http://dphss.guam.gov/guamchildcare/> while simultaneously working with the newly awarded vendor to develop the website.*

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory’s option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes— child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

- a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

No

- Yes. If yes, describe other disqualifying crimes and provide the citation:

Click or tap here to enter text.

- b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)). *FAQ will be made available on Guam’s website*

- *A satisfactory of determination letters is provided to the provider.*
- *Application for background check ensure the confidentiality of findings*
- *MOA ensures the confidentiality of results and DPHSS requires only designated authorized personnel to receive results of background check.*

- c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4)). *Click or tap here to enter text.*

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal
 - A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report
 - If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime
 - The appeals process is completed in a timely manner for any appealing child care staff member
 - Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))
 - The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.
- a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and **may** have different appeal processes than agencies that conduct the state CAN and state SOR checks.
- Guam's FAQ provides information where a finding resulting from background check can be challenged accordingly.*
- Appeals regarding an applicant's Guam Criminal History Report may be filed at the Judiciary of Guam or Office of Attorney General; 120 West O'Brien Drive, Hagatna Guam 96910; 671-475-3460.*
- Appeals regarding the Guam Sex Offender Registry may be filed at the Judiciary of Guam, Probation Office; 120 West O'Brien Drive, Hagatna Guam 96910; 671-475-3460.*
- Appeals regarding the Guam Child Abuse and Neglect Registry may be filed at the DPHSS-BOSSA, Child Protective Services; 194 Hernan Cortez Ave. Suite 309, Hagatna Guam; 671-475-2658*
- b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

National Criminal History- A Criminal History Summary can be obtained and challenged directly

with the FBI at <https://www.edo.cjis.gov>

- c. Interstate Child Abuse and Neglect (CAN) Registry Check: *Appeals related to Interstate Child Abuse and Neglect Registry Checks will be filed subject to the providing state's requirements.*

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5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements. Describe. [Click or tap here to enter text.](#)
- c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements. Describe. [Click or tap here to enter text.](#)
- c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements. Describe. [Click or tap here to enter text.](#)
- c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements. Describe. [Click or tap here to enter text.](#)
- c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:

- i. Criminal registry or repository using fingerprints in the current state of residency
- ii. Sex offender registry or repository in the current state of residency
- iii. Child abuse and neglect registry and database check in the current state of residency
- iv. FBI fingerprint check
- v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
- vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
- vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
- viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.

c. Relative providers must fully comply with all background check requirements.

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6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)) and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

- 6.1.1** Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.
- a.** Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. **State/territory professional standards and competencies. Describe:**

At the current time, Guam's CCDF Program continues to adhere to the requirements identified in the Guam Public Law 31-73: An Act to Establish the Administrative Rules and Regulations of the Department of Public Health & Social Services relative to child care facilities and group child care homes, under Article 1 of Chapter 1, Division 1, Title 26, Guam Administrative Rules and Regulations, and in Conformance with Article 4, Child Welfare Services Act, Chapter 2, Division 1, Title 10, Guam Code Annotated which was signed into law on June 2, 2011, provides the framework for Guam. Specifically, Appendix A- Guam's Plan for Professional Development (GPPD) details the framework for training and professional development in Guam. Additionally, the Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes (P.L. 31-73) details the licensing requirements for these facilities and specifically identifies the GPPD as the guideline to follow for all training and professional development requirements. The GPPD follows "Core Standard for Professional Preparation" from the National Association of the Education of Young Children (NAEYC). These five standards provide the foundation for professional practices that – 1) Promote child development and training; 2) Are culturally respectful and responsive; 3) Promotes ethical behavior and professional advocacy; and 4) Provides in-depth field experience in high quality professional preparation. Standard 1: Promoting Child Development and Learning; Standard 2: Building Family and Community Relationships; Standard 3: Observing, Documenting, and Assessing to Support Young children and families; Standard 4: Teaching and Learning; and Standard 5: Being a Professional. These Core Standards provide the framework for early childhood professionals' education and training. Core Topics and General Competencies are the foundation of fundamental skills that early childhood personnel should acquire and strengthen to increase their knowledge and skills. The CCDF Program continues to implement, monitor, and evaluate the professional development activities as identified in the current GPPD.

In Fall 2020, the CCDF Program in partnership with the GELC and the DPHSS PDG B – 5 and the Early Learning Council Leadership Team have agreed to collaborate in the revision and implementation of the professional standards and competencies for early childhood providers inclusive of child care providers. The professional development structure uses the Implementation Science Framework from the work of Fixsen & Blase 2008. The Implementation Science Framework (ISF) provides guidance to support improvement and build local capacity such as child care directors and providers through coaching and training in the specific topic areas using evidenced based practices and / or strategies. For example, training provided to all child care on social emotional development of young children may include additional training such as infant mental health, toxic stress, positive solutions, trauma informed care. These trainings add to the progression of learning for child care providers in building their skill sets in working with young children.

In addition to using the ISF, support and training will occur at all levels. Guam's professional development framework will use a model similar to the public health model that includes a 3-tier: universal, secondary, and tertiary PD Levels of Training. This framework aims to ensure that parents, service providers (includes child care providers); and community partners have knowledge and understanding in using these evidenced based practices or evidence informed

strategies to nurture and support the development of all young children (Tier 1). Training under Tier 1 will include the pre-service training on health and safety standards that are required for all child care providers. Topics of the training to include – 1) nutrition; 2) physical activities; 3) caring for children with disabilities; 4) control of infectious disease including immunizations; 5) child development – how young children learn; In addition, Tier 1 includes professional development training on developmentally appropriate practices of how children develop and learn. For children that may need additional support or targeted intervention such as but not limited to children that are English language learners, children with disabilities, children experiencing homelessness, and / or children in foster home. Child care providers/ director and service providers will receive additional training (Tier 2). Tier 3 are for children and families that may need individualized intensive intervention from multiple agencies and therefore, a system of care wrap around services is needed.

The CCDF Program in partnership with other early childhood serving agencies from the PDG B-5 Early Learning Council (ELC) Leadership will update GPPD with the target of completion by Spring 2022. This updated GPPD plan will ensure the alignment with the Early Care and Education training plan and the quality standards of providers. The revised policies and procedures will comprise of the evidence-based practices, funding cross-collaboration and efficiency strategies among early childhood and community partners that is inclusive of child care providers. Further refinement of the training plan will be aligned with Guam's Early Care and Education needs assessment and strategic plan anticipated to be completed by Fall 2021.

ii. Career pathways. Describe:

GPPD shall be used for Early Childhood Professionals when advancing in their field through education and training experiences in a multitude of subject areas. The plan is subject to revisions based on updated research and best practices in the early childhood field as well as the feedback provided by professionals regarding the effectiveness of using the plan. GPPD provides a plan for early childhood assistants and teachers in all child care, Head Start, and related early years settings to advance their profession reflecting the competencies, experiences, activities, and learning they engage in that improve performance and ability to provide quality care and education for ALL of Guam's children. The Core Standards for GPPD have been adopted from the National Association for the Education of Young Children's five Standards for Professional Development. These standards ensure the education and training activities of early childhood professionals in Guam are consistent with our peers nationwide. These standards provide the framework for early childhood professionals' education and training. The Core Topics and General Competencies are the foundation of fundamental skills that early childhood personnel should acquire and strengthen to increase their knowledge and skills. The GPPD provides definitions related to the professional development plan and clarifies the type of training and/or continuing education units or education credits that are received through training workshops and/or formal education. The GPPD identifies four levels of Early Childhood Personnel. Each level lists the formal education requirements and the experiential requirements for each level. Additionally, the plan proposes alternate qualifications and multiple entry points to address the uniqueness of the early childhood field and the diversity of disciplines professionals come from. The plan acknowledges the various education and training opportunities provided to early childhood professionals and seeks to capitalize on those experiences to promote the recruitment and retention of qualified individuals.

The GPPD comprises of two pathways for certification:

Path A: is used by early childhood providers not employed with the Department of

Education and/or the Government of Guam. Individuals using utilizing Path A are subject to credential review by the Professional Development Plan subcommittee under the Guam Early Learning Council.

Path B is to be used by professionals in the early childhood field employed by public or private agencies including, but not limited to, the Department of Education Head Start Program, Early Intervention, Early Childhood Special Education Preschool, Pilot Pre-kindergarten, Gifted and Talented Preschool, and other related service providers. Individual utilizing Path B are subject to the regulations and requirement set forth by the Guam Commission for Educator's Certification.

The CCDF Program in collaboration with the Early Learning Council Leadership will begin the process for updating GPPD and will request input from stakeholders and public hearing by Summer 2022.

iii. Advisory structure. Describe:

An Act to Establish the Administrative Rules and Regulations of the DPHSS relative to child care facilities and group child care homes, under Article 1 of Chapter 1, Division 1, Title 26, Guam Administrative Rules and Regulations, and in Conformance with Article 4, Child Welfare Services Act, Chapter 2, Division 1, Title 10, Guam Code Annotated which was signed into law on June 2, 2011, provides the framework for Guam. Specifically, Appendix A-Guam's Plan for Professional Development details the framework for training and professional development In Guam. Additionally, the Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes (P.L. 31-73) details the licensing requirements for these facilities and specifically identifies the GPPD as the guideline to follow for all training and professional development requirements. GPPD shall be used for Early Childhood Professionals when advancing in their field through education and training experiences in a multitude of subject areas. The plan is subject to revisions based on updated research and best practices in the early childhood field as well as the feedback provided by professionals regarding the effectiveness of using the plan.

GPPD includes two paths for certification. For Path A (the Alternate Path) the Early Childhood Professional Development Subcommittee under the GELC reviews and validate the credentials of a prospective Early Childhood Provider pursuing certification as an Early Childhood Professional under Path A of the GPPD with the DPHSS-BOSSA. The subcommittee is comprised of representatives from the University of Guam, Guam Community College, DOE, GELC and the Guam Child Care and Development Association. For individuals utilizing Path B are subject to the regulations and requirements set forth by the Guam Commission for Educator Certification.

iv. **Articulation. Describe:**

The Guam CCDF Program in prior years have accessed the Guam Community College for consultation, training, and technical assistance for providing support for child care providers. Where, through a series of one-day conferences, college courses, and other activities, the Guam Community College provided training in developmentally appropriate practices for young children in the different areas of development, including cognitive, creative, language, social, emotional, physical, and self-help.

The CCDF Program may continue to access consultation, training, and technical assistance support higher education institutions to provide postsecondary (college) courses leading to a Certificate and Associates of Science in Early Childhood Education or a Bachelors in Elementary Education with a specialization in Early Childhood Education. For example, the Guam Community College Early Childhood Education Certificate program description is: Early childhood educators and caregivers work in Head Start programs, childcare centers, family home care programs, elementary schools, social services programs, and health care services. These professionals plan and implement appropriate experiences for young children in areas such as language, health, movement, creativity, thinking, problem solving, self-concept and social behavior. The plan will also include -- supervise children's activities, care for their needs, keep records of their progress, and confer with parents and other professionals. The Certificate in Early Childhood Education is closely aligned with national standards and meets Head Start requirements for classroom aides. The University of Guam has in a Bachelor of Arts in Elementary Education Certificate with a specialization in Early Childhood Education that provides course work to be able to teach preschool and primary grade children in a variety of cultural environments.

To ensure alignment across professional development training and across other early childhood programs, the CCDF Program will be coordinating all professional development activities with the DPHSS PDG B-5 through an Intra-agency Departmental Agreement (IDA) to provide consultation, education, training, technical assistance and outreach support for Child Care Providers working in center-based and family-based care settings. The training plan will have in place continuing education units and or a certification of completion in specific training to include but not limited to:

- *Developmentally appropriate practices for young children in the different areas of development, including cognitive, creative, language, social, emotional, physical, and self-help.*
- *Guam's Early Learning Guidelines and aligned with best practices as outlined by the National Association for the Education of Young Children.*
- *Developmental and behavioral screening*
- *Social Emotional Development for infants, toddlers, and preschoolers*

v. **Workforce information. Describe:**

Guam Public Law 31-73: An Act to Establish the Administrative Rules and Regulations of the DHPSS relative to child care facilities and group child care homes, under Article 1 of Chapter 1, Division 1, Title 26, Guam Administrative Rules and Regulations, and in Conformance with Article 4, Child Welfare Services Act, Chapter 2, Division 1, Title 10, Guam Code Annotated which was signed into law on June 2, 2011, provides the framework for Guam. Specifically, Appendix A- Guam's Plan for Professional Development details the framework for training and professional development in Guam. Additionally, the Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes (P.L. 31-73) details the licensing requirements for these facilities and specifically identifies the GPPD as the guideline to follow for all training and professional development requirements. The GPPD provides definitions related to the professional development plan and clarifies the type of training and/or continuing education units or education credits that are received through training workshops and/or formal education. The GPPD identifies four levels of Early Childhood Personnel. Each level lists the formal education requirements and the experiential requirements for each level. These levels include: 1) Early Childhood Assistant Provider; 2) Early Childhood Lead Provider; 3) Early Childhood Master Provider/ Early childhood Assistant or Director; 4) Basic Preschool Teacher; and 5) Initial Education/ Professional Education / Master Educator. Additionally, the plan proposes alternate qualifications and multiple entry points to address the uniqueness of the early childhood field and the diversity of disciplines professionals come from. The plan acknowledges the various education and training opportunities provided to early

childhood professionals and seeks to capitalize on those experiences to promote the recruitment and retention of qualified individuals.

vi. **Financing. Describe:**

The CCDF Program is currently working through the Intra-Agency Departmental Agreement with DPHSS PDG B-5 to provide consultation, education, training, technical assistance and outreach support for early childhood service providers inclusive of Child Care Providers working in center-based and family-based care settings; and parents and families participating in the CCDF program, to improve the quality of child care services for young children, including those with disabilities for Child Care Providers of center and family-based setting, and parents/families on Guam.

With intentionality on aligning the GPPD standards with the training in building levels of competencies in that the implementation of the evidence-based practices to the fidelity of the model. The IDA will clearly articulate the process of training all providers and embedding mechanism for building local of trainers and coaches. Training activities may include as appropriate, certificate of completion, college courses, and other activities. The topic training shall include but not limited to -- training in developmentally appropriate practices for young children in the different areas of development, including cognitive, creative, language, social, emotional, physical, and self-help. Training shall be consistent with GELGs and aligned with best practices as outlined by the National Association for the Education of Young Children and the Division of Early Childhood (DEC) best practices. Based on completion of the training, child care providers will be given award certificates for completion, continuing education units, and/or college credit hours when applicable to participants who successfully complete activities.

b. The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe: *Click or tap here to entertext.*
- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe: *Click or tap here to enter text.*
- iii. Other. Describe: *Click or tap here to entertext.*

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

The Lead Agency's director is a member of the GELC which are members of the Governor's cabinet and individual leaders from various agencies, entities, and workforces in Guam. The GELC was created to provide a coordinated framework, involving all child-serving agencies and family representatives, to develop a comprehensive system of supports for young children and their families. In addition, the GELC is comprised of representatives from Guam's child-serving agencies and programs that support young children and their families. First established by Executive Order 2004-14 by the governor (at the time) and then mandated legislatively through Public Law 31-62 in 2011. The GELC's composition, goals and objectives focus upon the efficient and effective delivery of services and support to young children birth to eight (8) and their families.

As the overarching coordinating and governing body for all of Guam's Early Childhood Care and Education programs, the Department of Public Health and Social Services – Division of Public Health (DPHSS-DPH) in partnership with the Guam Early Learning Council (GELC) works to strengthen coordination and collaboration among public and private agencies and organizations serving young children, birth to eight years of age, and their families. Guam's ECCE Comprehensive System inclusive of Guam's CCDF Program will coordinate efforts of aligning the 5-governance structure: 1) professional development, 2) quality standards, 3) fiscal systems, 4) data systems, and 5) accountability monitoring. In efforts in meeting these goals, Guam's CCDF Program Office is working through the DPHSS IDA with PDG B to 5 and is part of the PDG: ELC Leadership Team that is responsible for the development, implementation, monitoring, and

evaluation of the PDG activities and the 5 components of the PDG B – 5 governance structure.

The CCDF Program Administrator along with other Early care and education program administrators are part of the Early Learning Council Leadership Team and support the development, monitoring, and evaluation of early childhood focus areas within the 4 GELC Work Groups: 1) The GELC Early Prevention and Identification Work Group continues to monitor the progress of Guam's island-wide Developmental and Behavioral Screening System. GELC has focused training specifically for childcare providers and physicians that serve young children. The following are the initiatives supported by the work group:

- **Island-wide Developmental and Behavioral Screening System (iDBSS):** Guam's iDBSS for children birth to age three has in place policies and procedures that were endorsed by the GELC and is included in the standard operating procedures in every early childhood serving agency. The iDBSS is an integrated screening, referral, and service delivery system for children birth to age three years that is culturally and linguistically competent and respectful of the diverse ethnic cultural backgrounds that make up the island community. The purpose of the iDBSS is to identify children with or at risk for disabilities in the early years, and if eligible, access early intervention and or other early childhood services. Embedded in the iDBSS is the Universal Referral Form (URF) and Intake Process and the Learn The Signs Act Early (LTSAE) developmental monitoring process. Through the support of the GELC, a Memorandum of Understanding (MOU) with early childhood serving agencies was signed in August 2014 to use the Universal Referral Form and Intake Process as a way to assist programs in helping families navigate through the health and early care and education system and to ensure families receive the appropriate services for their child. The purpose of the LTSAE was to assist parents in monitoring and tracking their child's development. LTSAE provides resources to assist parents in understanding their developmental milestones and shares parent engagement activities to identify children with developmental delays/disabilities and autism spectrum disorder (ASD). The LTSAE developmental monitoring has since been embedded into the iDBSS standard operating procedures.
- **Reach Out and Read (ROR):** ROR is a national school readiness initiative, which strives to prepare America's youngest children to succeed in school by partnering with doctors and nurses to prescribe books and encourage families to read together. The program was initiated at the Public Health Southern Regional Community Health Center (SRCHC), and in January 2019, ROR was expanded to the Northern Regional Community Health Center (NRCHC) and is coordinated by a staff physician. This initiative continues to be shared and supported through collaborative activities with other early childhood programs. Early Childhood Programs along with private donations continue to support the procuring of books for the ROR sites.
- **Guam Early Learning Guidelines (GELGs):** The GELGs for Young Children Ages Birth to 36 Months and Three to Five was first developed in 2002 and updated in 2005. The two editions of GELGs provide information of what children should know and be able to do. The GELGs is a resource that shows parents what they could do to support their child's development and provides ideas of activities that will support their child's growth and development. GEIS uses the GELGs as one of the tools to age anchor a child's skills when completing the Child Outcome Summary measures.
- **Neni 311** is one of the Help Me Grow (HMG) initiatives that reinforces the need to build a system emphasizing surveillance, screening, and the early detection of and connection to services and support for at-risk children and their families. With support of the stakeholders, Guam launched one of the 4 components of HMG. In December 2018, the DPHSS in partnership with other early childhood programs set up the Neni 3-1-1 line (Centralized Telephone Access Point). Early Childhood partners share the responsibility of manning the 3-1-1 line. Care Coordinators from both health and education programs have received training to link families to resources that address parents' concerns about health, development, behavior and learning of their young child. However, in November 2019, Neni 3-1-1 services was postponed due to a major fire at the DPHSS Central Public Health building that housed the centralized phone system. The ELC: EPI workgroup is working closely with DPHSS to relocate and update the Neni 311 phone system to another building. At this time, the Neni 311 is used as Guam's hotline for the COVID-19 pandemic.
- **Neni Directory of Service** is a listing of services and supports that is updated every 2 years by representatives from the different early care and education serving agencies. The Neni Directory is disseminated to families in print and electronic formats for information on family supports, health, and education.

2) The GELC: Family Engagement Work Group collaborates with all early childhood programs in hosting Parent Cafés and other support and training events for families.

- **Strengthening Families (SF):** The SF is an evidenced- informed approach developed by the Center for the Study of Social Policy and is designed to develop the protective factors of: (1) parental resiliency; (2) social connections; (3) knowledge of parenting and child development; (4) concrete support in times of need; and (5) social and emotional competence of children. The SF initiative uses this approach as a wellness, promotion, and prevention strategy to build

family resiliency, to support child development, and to reduce child abuse.

- Parent Café is a parent-to-parent way to bring the SF Protective Factors to families. Parent Cafés are physically and emotionally safe spaces where parents and caregivers talk about their lived experiences of challenges and victories of raising a family.
- Peer to Peer Family Support is a program of activities and parent trainings such as the CSEFEL Positive Solutions for Families, SF trainings, and Parent Cafés; family activities such as Play Port Play Dates, Go Play, Power of Play, Head Start Fitness Fairs, and Village Play Time. These activities and trainings are family-driven and are guided by the Principles in Guam's Early Childhood System of Care: No choice without family voice.
- Village Play Time (VPT) is a new initiative that began in the Fall of 2018 and provides activities for children, birth to age five, who do not access any formal childcare services. VPT aims to identify and provide services to underserved families in Guam through an innovative travelling playgroup. The goal is to support the developmental needs of young children and to support the families that care for them by promoting the protective factors. This initiative is in partnership with other early childhood serving agencies including Guam Housing and Urban Renewal Authority (GHURA) and the village Mayors.

3) The GELC: Social Emotional Wellness Work Group is tasked to address the needs of families of children with social, emotional, and behavioral challenges. The following are initiatives:

- Multi-Agency Workgroup Tier 3: As a result of strong collaboration among programs, policies and procedures were developed and piloted on processes for working to ensure wrap around services are provided for young children with social emotional challenges that are wards of the State. These young children receive services from multiple agencies, such as the Judiciary, Child Protective Services, GEIS or Kariñu: Guam's Early Childhood System of Care for Young Children. Procedures were developed to ensure agencies are immediately notified and supports such as childcare are provided that would allow for a safe, stable, and nurturing environment. The workgroup is working closely with DPHSS - Child Development Fund Program (CCDF) to offer social emotional training for childcare providers to support children that may need targeted or intensive individual supports.
- Social Emotional and Behavioral Training initiative is provided by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) Infant/Toddler, Preschool, and Pre-K Parent Modules to increase knowledge for ECCE providers and parents in the social emotional development for young children. CSEFEL is evidence-based and provides strategies to families and service providers in addressing challenging behaviors in early childhood. Over 40 service providers across health and education programs were trained to facilitate the pyramid model modules. The initiative works across agencies to promote the use of the pyramid model in center-based childcare facilities, preschool programs, child-serving agencies and programs, parents, and caregivers. The SEW workgroup continues to discuss strategies in efforts to include trauma-informed care as a component for ensuring the needs of the whole child and family are met following traumatic events. Also discussed is the need to bridge the EC positive behavior supports and School.
- CSEFEL Positive Solutions for Families Cultural Modification initiative is working in review of the Positive Solutions for Families training to be culturally responsive for Micronesian and Pacific Islanders and plans to expand the cultural modifications for other ethnicities.

4) The GELC Early Learning Workgroup is tasked to monitor the implementation of quality early care and education to support young children to be ready for school entry.

- Pilot Pre-Kindergarten are pre-kindergarten classes for 3 years old in efforts to support school readiness. This program is currently in a pilot stage beginning with 4 classrooms in different regions of the island and plans to move towards expansion once DOE can fund additional classes.
- School Readiness is an initiative with ECCE partners that began in 2013 to assess how parents and other caregivers can prepare their children for learning in the classroom setting. This further ensures the availability of well-trained childcare providers and increased access to quality childcare as well with the creation of policies that ensure a smooth transition to kindergarten and school.
- Inclusive Settings is an initiative that works with early childhood settings to ensure inclusion that children with disabilities have access to participate in natural learning environments along typical peers. Included in this initiative is ensuring access to services for all children and families including individuals for different ethnic or racial backgrounds.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

Guam Public Law 31-73: An Act to Establish the Administrative Rules and Regulations of the Department of Public Health & Social Services relative to child care facilities and group child care homes, under Article 1 of Chapter 1, Division 1, Title 26, Guam Administrative Rules and Regulations, and in Conformance with Article 4, Child Welfare Services Act, Chapter 2, Division 1, Title 10, Guam Code Annotated which was signed into law on June 2, 2011, provides the framework for Guam. Specifically, Appendix A-Guam's Plan for Professional Development details the framework for training and professional development in Guam.

The Rules and Regulations for Licensed Child Care Facilities and Group Child Care Homes (P.L. 31-73) details the licensing requirements for these facilities and specifically identifies the GPPD as the guideline to follow for all training and professional development requirements. The GPPD shall be used for Early Childhood Professionals when advancing in their field through education and training experiences in a multitude of subject areas. The GPPD allows for ongoing professional development and training offering to provide updated learning strategies that are evidenced based for child care providers. These training sessions or courses are used for child care providers as part of the renewal of Early Childhood Care and Education (ECCE) Certificates or as mechanism of moving up the career ladder.

The Early Learning Council Leadership is to review and revise the GPPD. The GPPD updates will align with the professional development standards that support evidence-based practices for supporting the growth and development of young children and their families. In Fall 2021, the Early Learning Council Leadership Team will develop a plan with action steps and timelines for completion.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements—as described in Section 5 for caregivers, teachers, and directors in CCDF programs—align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

- the knowledge and application of its early learning and developmental guidelines (where applicable);
- its health and safety standards (as described in section 5);

- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

The CCDF Program is currently working through the Intra-Agency Departmental Agreement (IDA) with DPHSS PDG B-5 to provide consultation, education, training, technical assistance and outreach support for early childhood service providers inclusive of Child Care Providers working in center-based and family-based care settings; and parents and families participating in the CCDF program, to improve the quality of child care services for young children, including those with disabilities for Child Care Providers of center and family-based setting, and parents/families on Guam. The training plan will be developed based on the PDG B-5 needs assessment results and identified as priorities in Guam ECCS State Plan. Topics for training includes but not limited to:

- *Developmentally appropriate practices for young children in the different areas of development, including cognitive, creative, language, social, emotional, physical, and self-help*
- *Guam's Early Learning Guidelines this is aligned with the TS Gold/ Creative Curriculum and the Head Start performance standards*
- *Developmental and behavioral screening*
- *Social Emotional Development for infants, toddlers, and preschoolers*
- *Prevention and control of infectious diseases (including immunization)*
- *Prevention of sudden infant death syndrome and use of safe sleep practices*
- *Administration of medication, consistent with standards for parental consent*
- *Prevention and response to emergencies due to food and allergic reactions*
- *Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic*
- *Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment*
- *Emergency preparedness and response planning for emergencies resulting from a natural disaster or a man-caused event (such as violence at a child care facility)*
- *Handling and storage of hazardous materials and the appropriate disposal of bio contaminants*
- *Appropriate precautions in transporting children (if applicable)*
- *Pediatric first-aid and CPR*
- *Recognition and reporting of child abuse and neglect*

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)). *N/A*

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a.with limited English proficiency. *Training is available to all Child Care Providers, should a provider need a translator and/or any reasonable accommodation, the provider would make a request to the CCDF Program no later than 3 days prior to the training and accommodations*

will be made for provider during the training

b. who have disabilities. *Training is available to all Child Care Providers, should a provider need a translator and/or any reasonable accommodation, the provider would make a request to the CCDF Program no later than 3 days prior to the training and accommodations will be made for provider during the training*

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

Guam's Plan for Professional Development (GPPD) shall be used for Early Childhood Professionals when advancing in their field through education and training experiences in a multitude of subject areas. The plan is subject to revisions based on updated research and best practices in the early childhood field as well as the feedback provided by professionals regarding the effectiveness of using the plan. Guam's Plan for Professional Development (GPPD) provides a plan for early childhood assistants and teachers in all child care, Head Start, and related early years settings to advance their profession reflecting the competencies, experiences, activities, and learning they engage in that improve performance and ability to provide quality care and education for ALL of Guam's children.

6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness (relates to question 3.2.2).

The Lead Agency meets with all the registered licensed child care providers and provides training on the Child Care Development Fund (CCDF) programmatic requirements via orientations annually. The need and/or requirements governing the servicing of homeless children and their families is only completed at the Lead Agency's location with the Bureau of Management Support (BMS) CCDF Program Coordinator IV or the BMS Administrator to ensure confidentiality of the family's status and to protect the privacy of the population being served. If there's a need to discuss the fact that the child (ren) at a particular center is homeless there must be justification as most homeless applicants do not want to be identified and the Department of Public Health & Social Service (DPHSS) Lead Agency's representative does not want to overtly make it known unless expressly requested by the homeless family seeking the services.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

The Lead Agency meets with all the registered licensed child care providers and provides training on the Child Care Development Fund (CCDF) programmatic requirements via orientations annually. The need and/or requirements governing the servicing of homeless children and their

families is only completed at the Lead Agency's location with the Bureau of Management Support (BMS) CCDF Program Coordinator IV or the BMS Administrator to ensure confidentiality of the family's status and to protect the privacy of the population being served. If there's a need to discuss the fact that the child (ren) at a particular center is homeless there must be justification as most homeless applicants do not want to be identified and the Department of Public Health & Social Service (DPHSS) Lead Agency's representative does not want to overtly make it known unless expressly requested by the homeless family seeking the services. Lead Agency staff attend national conferences and training sessions provided by the Administration for Children and Families, Office of Child Care annually. Information is shared with Lead Agency staff as relevant and where appropriate.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen providers' business practices, which can include training and/or TA efforts.

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

The GPPD requires that all Early Childhood Master Providers/Early Childhood Assistant Director/Director level providers complete child care management courses. Our local child care management course offered by the Guam Community College (CD285) provides students with an overview of local requirements for starting and managing a profitable childcare business on Guam. Topics covered include financing, marketing, staff supervision, staff training, writing policies, licensing requirements, and other operating procedures.

Upon successful completion of this course, students will be able to:

1. Identify current laws and regulations controlling the child care industry.
2. Explain information needed in a business plan for the start-up of a child care center.
3. Create a handbook of operating policies and procedures.

In addition to this requirement, the CCDF Program is currently working through the Inter-Agency Departmental Agreement with DPHSS PDG B-5 to provide consultation, education, training, technical assistance and outreach support for early childhood service providers inclusive of Child Care Providers working in center-based and family-based care settings; and parents and families participating in the CCDF program, to improve the quality of child care services for young children, including those with disabilities for Child Care Providers of center and family-based setting, and parents/families on Guam. Through this agreement, the training plan to strengthen child care providers' business practices will be developed.

- b. Check the topics addressed in the state/territory’s strategies for strengthening child care providers’ business practices. Check all that apply.
- i. Fiscal management
 - ii. Budgeting
 - iii. Recordkeeping
 - iv. Hiring, developing, and retaining qualified staff
 - v. Risk management
 - vi. Community relationships
 - vii. Marketing and public relations
 - viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
 - ix. Other. Describe: [Click or tap here to enter text.](#)

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

- a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

What content is included under each of these training topics and what type of funds are used for this activity?	Which type of providers are included in these training and professional development activities?				
	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home care (care in the child’s own home)
i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<p>Describe the content and funding: <i>Funding is provided through a form of contract and/or procurement of supplies for training provided.</i></p>					
<p>ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).</p> <p>Describe the content and funding: <i>Funding is provided through a form of contract and/or procurement of supplies for training provided.</i></p>	☑	☑	☑	☑	☑
<p>iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children’s positive development. (98.53(a)(1)(iv)).</p> <p>Describe the content and funding: <i>Funding is provided through a form of contract and/or procurement of supplies for training provided.</i></p>	☑	☑	☑	☑	☑
<p>iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).</p> <p>Describe the content and funding: <i>Funding is provided through a form of contract and/or procurement of supplies for training provided.</i></p>	☑	☑	☑	☑	☑

What content is included under each of these training topics and what type of funds are used for this activity?	Which type of providers are included in these training and professional development activities?				
	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home care (care in the child's own home)
<p>v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.</p> <p>Describe the content and funding: <i>Funding is provided through a form of contract and/or procurement of supplies for training provided.</i></p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).</p> <p>Describe the content and funding: <i>Click or tap here to enter text.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.</p> <p>Describe the content and funding: <i>Funding is provided through a form of contract and/or procurement of supplies for training provided.</i></p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).</p> <p>Describe the content and funding: <i>Funding is provided through a form of contract and/or procurement of supplies for training provided.</i></p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)). Describe the content and funding: <i>Funding is provided through a form of contract and/or procurement of supplies for training provided.</i>	<input checked="" type="checkbox"/>				
x. Other.	<input type="checkbox"/>				

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What content is included under each of these training topics and what type of funds are used for this activity?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>License exempt center-based</i>	<i>Licensed family child care home</i>	<i>License-exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
Describe: Click or tap here to enter text.					

- b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

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		Licensed center-based	License-exempt center-based	Licensed family child care home	License exempt family child care home	In-home care (care in the child's own home)
<input type="checkbox"/>	i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	iv. Other. Describe: <i>The Lead Agency had a contract in the past with the Guam Community College that provided a series of courses for child care providers to obtain an Associates Degree or Certificate Program completion in the field of Early Childhood Education. This opportunity was available to all CCDF Providers. The Lead Agency has intentions of renewing and or updating this or similar contract.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. *The Lead Agency will evaluate its progress in improving the quality of child care programs and services based on data from child care providers and*

families obtained via feedback surveys, evaluation reports, and provider Professional Development level advancement success rates.

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6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth to three, three to five, birth to five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

- i. Are research-based. *The first GELG: Birth to 36 Months was adapted from the State of Maryland, Department of Human Resources Child Care Administration's "Guidelines for Healthy Child Development and Care for Young Children (Birth to Three Years of Age)" and highlights various domains or areas of child development.*
- ii. Developmentally appropriate. *The Guam Early Learning Guidelines Birth to 36 Months (GELG: Birth to 36 Months) was first developed in 2007 to improve the quality of care and education of Guam's infants and toddlers. They have been and continue to be a free resource providing guidance to families, caregivers, teachers, and administrators on what infants and toddlers should know and be able to do as they prepare for preschool and later for entrance into kindergarten, regardless of socio-economic status, cultural background, or range of abilities. The GELG: Birth to 36 Months provides a framework to help guide quality early learning experiences. It informs primary caregivers of what their infants and toddlers are learning and should be able to do. It provides sample activities that are user-friendly and developmentally appropriate; activities that begin at the child's level of learning with steps to continue growing and learning. Source: Nelson, C.A., in From Neurons to Neighborhoods: The Science of Early Childhood Development (2000). Shonkoff, J. & Phillips, D. (Eds.).*
- iii. Culturally and linguistically appropriate. *Children develop in different ways, at different rates, and may have special needs. The GELG: Birth to 36 Months is to be used to guide or assist parents and caregivers in understanding and supporting what young children, birth to 36 months, typically know and are able to do. The GELG: Birth to 36 Months is useful and appropriate for all public or private child care programs, homes, or settings that serve young children birth to 36 months. It is not meant to be a tool that evaluates or judges the abilities of young children in the various domains or areas of development, nor is it meant to be seen as standards for preschool and kindergarten. This guide has been and continues to be a free resource providing guidance to families, caregivers, teachers, and administrators on what infants and toddlers should know and be able to do as they prepare for preschool and later for entrance into kindergarten, regardless of socio-economic status, cultural background, or range of abilities*
- iv. Aligned with kindergarten entry. *The Guam Early Learning Guidelines for Young Children Ages Three to Five were created in 2005 to improve the quality of care and education provided to our preschool-aged children on Guam. The guidelines have been a premier resource in providing guidance to families, caregivers, teachers, and administrators on what ALL preschool-aged children should know and be able to do as they prepare for entrance into kindergarten, regardless of socio-economic status, cultural background, or range of abilities.*
- v. Appropriate for all children from birth to kindergarten entry. *The 2014 revised Guam Early Learning Guidelines Ages Three to Five (GELGs: 3 to 5) were updated to address changes in the current education landscape that call for national standards and curriculum alignment. The revised GELGs: 3 to 5 includes several sections from the 2005 GELGs, as well as strategies to provide foundational learning for national and local standards.*
- vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body. *The 2015 GELG: Birth to 36 Months revision includes the latest early care and*

education research findings. The framework and activities were guided by the Project Tinituhon Early Care and Education and Child Care Strategic Management Team whose members include parents, child care providers, and representatives from agencies providing funding and resources for quality child care. Project Tinituhon (Chamorro for “Beginning”) is Guam’s Early Childhood Comprehensive Systems (ECCS) grant funded by the U.S. Department of Health and Human Services (US DHHS), Health Resources and Services Administration. Key support was provided by Project Bisita I Familia, Guam’s Maternal, Infant, and Early Childhood Home Visiting Program, also funded by the US DHHS, Division of Home Visiting and Early Childhood Systems.

- b. Describe how the required domains are included in the state/territory’s early learning and developmental guidelines. Responses for “other” are optional.
- i. **Cognition, including language arts and mathematics.** *Domain 3 in the Guam Early Learning Guidelines refers to the cognitive development: how a child grows in thinking, reasoning, and understanding information. That process moves towards being curious and practicing with purpose and determination to gain information and achieve independence. Cognitive development in math refers to the understanding of relationships, numbers, combinations, and operations. Cognitive development in science refers to the emerging ability to gather. Domain 2 in the Guam Early Learning Guidelines refers to Language Development: Communication is the ability to pass on thoughts, information, or feelings by showing signs or by making sounds or speaking. Language Development refers to the early ability of a child to listen and understand others (receptive language) or to share information through communication (expressive language). Literacy refers to the knowledge and skills that set the foundation for reading and writing, such as understanding basic ideas about books or other printed materials; the alphabet, how letters and sounds relate, and the first marks of writing.*
 - ii. **Social development.** *Domain 1 in the Guam Early Learning Guidelines refers Social-Emotional Development: the skills a child needs to have and maintain basic trust and secure emotional relationships with responsible adult caregivers, control one’s behavior and emotions, and develop a healthy view of self.*
 - iii. **Emotional development.** *Domain 1 in the Guam Early Learning Guidelines refers Social-Emotional Development: the skills a child needs to have and maintain basic trust and secure emotional relationships with responsible adult caregivers, control one’s behavior and emotions, and develop a healthy view of self.*
 - iv. **Physical development.** *Domain 4 in the Guam Early Learning Guidelines refers to physical growth, movements of large muscles (gross motor) and small muscles (fine motor), exercise, hygiene, nutrition, and safe practices.*
 - v. **Approaches toward learning.** *Each domain in the Guam Early Learning Guidelines is organized into three columns: What the Child Learns, What the Child May Do, What You (the responsible adult caregiver or parent) Can Do.*
 - vi. **Describe how other optional domains are included, if any:**

The Guam Early Learning Guidelines for Infants & Toddlers, Birth to 36 Months, was developed and reviewed by an established committee known as the Early Childhood Care and Education Committee (ECCEC) comprised of public and private stakeholders including center and home-based child care providers, trainers, social workers, coordinators, and administrators. The Guam Early Learning Guidelines for Infants & Toddlers, Birth to 36 Months Focus Group, facilitated by the University of Guam CEDDERS, was formed in September 2004 and met on a monthly basis to develop the guidelines. Personnel from many disciplines related to the care and education of young children birth to five years old contributed to the development of the guidelines, by sharing their experiences and expertise related to child care, education, child growth & development, developmentally appropriate practices, inclusion, and diversity in cultural practices. In an effort to improve the quality of care and education provided to our youngest children on Guam, the Department of Public Health & Social Services (DPHSS) sought the input from local stakeholders including: Institutions of higher learning, teachers, center and family-based child care providers, lawmakers, other appropriate public and private agencies, and most importantly, families, in the development of guidelines for young children. Similar guidelines were developed for young children three to five years old which was adapted from the Hawaii Preschool Content Standards: Curriculum Guidelines for Programs for Four-Year-Olds. The Guam Early Learning Guidelines for Young Children Three to Five Years Old provides guidance to families, caregivers, teachers, and administrators on what

children should know and be able to do as they prepare for entrance into kindergarten. The guidelines are appropriate and applicable for public or private preschool programs and settings that serve children ages three to five. The Guam Early Learning Guidelines for Ages Three to Five Years was developed and reviewed by an established committee known as the Early Childhood Care and Education Committee (ECCEC) comprised of public and private stakeholders including center and home-based child care providers, teachers, social workers, coordinators, and administrators. The Guam Early Learning Guidelines Subcommittee, facilitated by the University of Guam, Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS), was formed in December 2003 and met on a monthly basis to develop the guidelines. Personnel from many disciplines related to the care and education of young children birth to five years contributed to the development of these guidelines by sharing their experiences and expertise in various areas.

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The Guam Early Learning Guidelines are broken down by age group with the earlier stages being Birth to 36 months and the latter version being for Ages Three to Five years old. The Guam Early Learning Guidelines Birth to 36 Months (GELG: Birth to 36 Months) was first developed in 2007 to improve the quality of care and education of Guam's infants and toddlers. They have been and continue to be a free resource providing guidance to families, caregivers, teachers, and administrators on what infants and toddlers should know and be able to do as they prepare for preschool and later for entrance into kindergarten, regardless of socio-economic status, cultural background, or range of abilities. The GELG: Birth to 36 Months provides a framework to help guide quality early learning experiences. It informs primary caregivers of what their infants and toddlers are learning and should be able to do. It provides sample activities that are user-friendly and developmentally appropriate; activities that begin at the child's level of learning with steps to continue growing and learning. The first GELG: Birth to 36 Months was adapted from the State of Maryland, Department of Human Resources Child Care Administration's "Guidelines for Healthy Child Development and Care for Young Children (Birth to Three Years of Age)" and highlights various domains or areas of child development. The 2015 GELG: Birth to 36 Months revision includes the latest early care and education research findings.

The Guam Early Learning Guidelines for Young Children Ages Three to Five (GELGs: 3 to 5) were created in 2005 to improve the quality of care and education provided to our preschool-aged children on Guam. The guidelines have been a premier resource in providing guidance to families, caregivers, teachers, and administrators on what ALL preschool-aged children should know and be able to do as they prepare for entrance into kindergarten, regardless of socio-economic status, cultural background, or range of abilities. The 2014 revised Guam Early Learning Guidelines Ages Three to Five (GELGs: 3 to 5) were updated to address changes in the current education landscape that call for national standards and curriculum alignment. The revised GELGs: 3 to 5 includes several sections from the 2005 GELGs, as well as strategies to provide foundational learning for national and local standards. The 2005 Guam Early Learning Guidelines (GELGs) for Young Children Ages Three to Five were adapted from the Hawaii Preschool Content Standards and address various domains of child development. The GELGs are useful and appropriate for all public or private preschool programs or settings that serve children ages three to five years old.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards. *N/A*

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines. <http://dphss.guam.gov/guamchildcare/>

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing program effectiveness

- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2))

Describe how the state/territory's early learning and developmental guidelines are used.

Guam's Early Learning Guidelines are a voluntary guideline for child care providers to reference when developing and/or adopting a developmentally appropriate curriculum for their facilities.

- 6.4.3** If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)). *CCDF Quality funds are used to print the Guam Early Learning Guidelines (GELG) resource so that this guide may continue to be a free resource to families and child care providers. The GELG is a voluntary early learning guideline that child care providers may use as a guide in developing and/or adopting a developmentally appropriate curriculum.*

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7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers

- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define “high quality” and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

- 7.1.1** Lead Agencies must invest in quality activities based on an assessment of the state/territory’s needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)). *The CCDF Program Office is currently working through the Intra-Agency Departmental Agreement with DPHSS PDG B-5 to provide consultation, education, training, technical assistance and outreach support for early childhood service providers inclusive of Child Care Providers working in center-based and family-based care settings; and parents and families participating in the CCDF program, to improve the quality of child care services for young children, including those with disabilities for Child Care Providers of center and family-based setting, and parents/families on Guam. Consultation provided through this agreement will include the development and implementation framework of quality activities based on various needs assessments conducted. This framework will include the assessment process, assessment frequency, and implementation pathways.*

The Lead Agency has prioritized the quality activities in efforts to improve the quality of child care services and to increase parental options for and access to quality child care. These quality activities are aligned with Guam’s early care and education needs assessment completed in July 2021. The needs assessment received input from stakeholders throughout the island comprising of parents, service providers inclusive of child care providers, early childhood administrators, Guam’s Early Learning Council, and community leaders. The following quality activities were identified in the needs assessment: 1) Training and professional development; 2) Early Learning and Development Guidelines; 3) Tiered quality rating and improvement system; 4) Improving the supply and quality of child care for infants and toddlers; and 5) Other activities to improve quality of child care services.

In addition to the data received from the need’s assessment from Guam’s PDG -Birth to Five, the CCDF Program uses other sources of information as a mechanism for assessing the training needs for

parents and child care providers. Information that is captured in the forms of 1) Needs Assessment reports from other early care and education programs (as available by the Program) ; 2) Workshop Evaluation upon completion of all training sessions; 3) CCDF Program Administrators Quarterly Report to the Guam Early Learning Council; 4) Complaints or licensure issues.

The CCDF Program in partnership with the PDG Birth to Five will use the data from the needs assessment to further expand the professional development training needs identified by service providers inclusive of child care providers. Preliminary data identified training to include but not limited to --- developmental monitoring and screening for children birth to age 5; social emotional development of young children; developmentally appropriate practice for young children; strategies to support young children with disabilities within inclusive setting; and trauma inform care for young children. These trainings will be held annually.

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Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

Based on the Needs Assessment reports, parents gave the following responses:

- The Program gives information about my child's needs and lets me know if there are any delays or concerns. Parents indicated 81% satisfactory.
- Provides ways to help my child talk about his needs and wants. Parents indicated a rating of 85% satisfaction.
- Provides ideas on how to include my child in daily activities or routines. Parents indicated 87% rate of satisfaction.
- Shares ways to help my child grow and learn. Parents indicated a 85% satisfaction level

When asked if Parents were aware of the different early childhood programs / services, only 41% of the program listings. This finding indicates a need to continue efforts promoting awareness of public service programs to all parents with the help of home visitors and service providers.

When asked, What services do you want to know more about and want to access? Parents provided indicated the following: (1) WIC: qualification for services, (2) WIC has classes, (3) Child Care Block grant, (4) Mental Health, (5) Success/Career program, (6) Work groups with other moms really help.

There were 24 training evaluations completed between April and August 2019. Twenty-two training events were conducted by Guam Community College with 493 child care providers attending these sessions. Topics included: Fun and Learning; Working with Parents; Active Shooter; Emergency Preparedness; Family Exceptionality ; STEAM Ahead; Booking-keeping; ECE WIFI & Literacy, Early Childhood Orientation, Nutrition and Physical; Language Arts in Early Childhood; Child Growth & Development; Cognitive and Creative; Social Emotional Development; Child Care Management; Early Childhood Practicum; First Aid & Safety; Nutrition and Health; Educational Methods; Introduction to Exceptional Children; Basic English Level; and Breaking Down the ECERS and ITERC. Overall, the responses for the training were positive with the overall rating between 100% and 66.7%. There were two course that rated below 80% satisfaction. 1) Book-keeping and filing at 77.3% and 2) Cognitive and Creative Development at 66.7%.

There following training events that were held:

1. Guam DOE Training on Social Emotional Learning was held on Spring 2020 with 38 child care providers in attendance. Overall, the participants were satisfied with the training and providers noting that the presentation has increase their knowledge and understanding of social and emotional learning of young children.
2. DPHSS Mandated Reporting was held in April 2021. With 41 child care providers in attendance. Overall, providers were satisfied.
3. DPHSS Child Care Annual Orientation was held April 2019 with 109 providers in attendance. Presentations were given by the following agencies: Homeland Security Office of Civil Defense; Child Protective Services; Dept. of Environmental Health; Guam Fire Department; Guam Immunization Program; DPHSS Family Health & Nursing Services; and Child Care Licensing.

Participants were asked: What topic would you have liked to have spent more time on? Child care providers 5 top responses were:

- a. Fire Safety and Regulations
- b. Safe Sleep / Sudden Infant Death
- c. Health and Safety
- d. Child Development
- e. Child Protective Services

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing.

Quality Improvement Activity	Type of funds used for this activity. Check all that apply.	Other funds: describe	Related Section
<p>a. Supporting the training and professional development of the child care workforce as discussed in 6.2.</p>	<p><input checked="" type="checkbox"/> i. CCDF funds</p> <p><input type="checkbox"/> ii. State general funds</p>	<p>The CCDF Program may send out a request for training from the Institute of Higher Education (IHE) to support Early Childhood Education (ECE) College Courses and Quality Improvement activities. The services from the IHE are for the child care providers' professional development to ensure that staff are current with all ECE activities and requirements.</p> <p>The CCDF Program in collaboration with the PDG Birth to Five will facilitate training and professional development on evidence-based practices that is in line with the PDG Professional Development framework and in building local capacity for the next 3 years; to include but not limited to expanding training on the Early Learning and Developmental Guidelines (ELDG), social emotional development for young children, importance of early years to include developmental monitoring and screening, children's growth and development.</p> <p>The CCDF Program plans to also submit a request for training from the institute of higher education (IHE) and / or public and private agencies/ organizations to support training on health and safety in conjunction with the annual training orientation for all child care providers.</p>	<p>6.3</p>

b. Developing, maintaining, or implementing early learning and developmental guidelines.	<input checked="" type="checkbox"/> i. CCDF funds	<i>The CCDF Program in collaboration with the PDG Birth – 5 will share in cost for developing supplemental parent booklets in different languages that promotes Guam Early Learning Guidelines. CCDF funds were used to print the Guam Early Learning Guidelines that will be used at trainings and outreaches for daycare staff and parents.</i>	6.4
	<input type="checkbox"/> ii. State general funds		
c. Developing, implementing, or enhancing a tiered quality rating and improvement system.	<input checked="" type="checkbox"/> i. CCDF funds	<i>The Early Learning Council Leadership Team continues to review and provide input to the draft QRIS. Final draft QRIS will be presented to the GELC and child care providers for input.</i>	7.3
	<input type="checkbox"/> ii. State general funds		
d. Improving the supply and quality of child care services for infants and toddlers.	<input checked="" type="checkbox"/> i. CCDF funds	<i>Copies of the Guam Early Learning Guidelines (GELG) for Young Children Birth to 36 Months were produced and printed using CCDF funds that in turn improves the supply and quality of child care services for infants and toddlers.</i>	7.4
	<input type="checkbox"/> ii. State general funds		
e. Establishing or expanding a statewide system of	<input checked="" type="checkbox"/> i. CCDF funds		7.5

Quality Improvement Activity	Type of funds used for this activity. Check all that apply.	Other funds: describe	Related Section
CCR&R services, as discussed in 1.7.	<input type="checkbox"/> ii. State general funds		
f. Facilitating Compliance with State Standards	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds	<i>The CCDF supplements the salaries of the Bureau of Social Service Administration's (BOSSA) compliance officer and the Division of Environmental health's (DEH) inspectors at 25%. Both the BOSSA compliance officer and DEH inspectors conduct monitoring and inspections at all child care facilities island wide and respond to complaints as needed which supports the health and safety of infant, toddlers, and school-age children.</i>	7.6
g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds	<i>The CCDF Program Office has plans to revisit the previous contract terms regarding the Quality Rating Systems for child care services. This contract or similar scope of work will be funded using CCDF program funds.</i>	7.7
h. Accreditation Support	<input type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds	<i>Click or tap here to enter text.</i>	7.8
i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds	<i>The CCDF Program in collaboration with PDG Birth to 5 will be updating the standards for early childhood providers inclusive of the revision/update of Guam's Plan for Professional Development.</i>	7.9

<p>j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible.</p>	<input checked="" type="checkbox"/> i. CCDF funds	<p><i>Quality improvement strategies for targeted populations such as Relative providers and license exempt providers to include technical assistance, training and development learning opportunities, expanding access to support focused on social-emotional development such as the LOOK Program, Conscious Discipline, and other related programs and methods.</i></p>	<p>7.10</p>
	<input type="checkbox"/> ii. State general funds		

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7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving, and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or another system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available. [Click or tap here to enter text.](#)
- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available. [Not available at this time.](#)
- e. Yes, the state/territory has another system of quality improvement. Describe the other system of quality improvement and provide a link, if available. [Click or tap here to enter text.](#)

7.3.2 Indicate how providers participate in the state or territory's QRIS or another system of quality improvement.

- a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.
 - i. Participation is voluntary.
 - ii. Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level). [Click or tap here to enter text.](#)
 - iii. Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xiv. Other. Describe: [Click or tap here to enter text.](#)

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments? [Participation in the QRIS program was voluntary. This information has not been determined.](#)

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
 - a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system).
 - b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is

the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

- c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
- d. Programs that meet all or part of state/territory school-age quality standards.
- e. Other. Describe: [Click or tap here to enter text.](#)

7.3.4 Do the state/territory’s quality standards build on its licensing requirements and other regulatory requirements?

No

- Yes. If yes, check any links between the state/territory’s quality standards and licensing requirements.
 - a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
 - b. Embeds licensing into the QRIS.
 - c. State/territory license is a “rated” license.
 - d. Other. Describe: [Click or tap here to enter text.](#)

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

No

Yes. If yes, check all that apply.

a. If yes, indicate in the table below which categories of care receive this support.

Financial incentive or other supports	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home (care in the child’s own home)
i. One-time grants, awards, or bonuses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Ongoing or periodic quality stipends	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Higher subsidy payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Training or technical assistance related to QRIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Coaching/mentoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

vi. Scholarships, bonuses, or increased compensation for degrees/certificates	<input type="checkbox"/>				
vii. Materials and supplies	<input type="checkbox"/>				
viii. Priority access for other grants or programs	<input type="checkbox"/>				
ix. Tax credits for providers	<input type="checkbox"/>				
x. Tax credits for parents	<input type="checkbox"/>				
xi. Payment of fees (e.g. licensing, accreditation)	<input type="checkbox"/>				

b. Other: [Click or tap here to enter text.](#)

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The categories under the Guam QRIS establish measures that are necessary for quality care during the early childhood years. Ratings in each of the categories are not meant to be fixed or permanent. An early childhood setting's star rating is valid from two to three years, depending on the number of stars it receives. Early childhood settings can request for a re-evaluation after six months from receiving their previous star rating.

In July 2019, training entitled: Quality Rating and Improvement System's (QRIS) Breaking Down the Early Childhood Environmental Rating Scale (ECERS) and Breaking Down the Infant/Toddler Environment Rating Scale (ITERS) was provided to 34 child care providers / centers. Input from the participants indicated that the training was satisfactory. These tools will be used to evaluate and improve the quality of the child care program and services in the child care centers and family child care homes. The information will also give the territory a benchmark as where we are at today and determination as to where we need to improve on the activities measured.

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

- 7.4.1** Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home care (care in the child's own home)
<input type="checkbox"/>	a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home care (care in the child's own home)
	<p>centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe: <i>Click or tap here to enter text.</i></p>					
<input type="checkbox"/>	<p>b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care. Describe: <i>Click or tap here to enter text.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<p>c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe: The CCDF Program will be offering training in collaboration with the PDG Birth to Five based on the results of the Needs Assessment. Child care providers have an option to receive training online and or in-person from topics identified in Guam's PDG Birth to 5 training calendar or participate in college courses offered by the Institution of Higher Education. Training topics include but are not limited to, developmentally appropriate practices for young children in different area of development, including cognitive, creative, language, social, emotional, physical, and self-help. Training will be consistent with Guam's Early Learning Guidelines and aligned with best practices as outlined by the National Association for the Education of Young Children. Additionally, the Lead Agency plans to propose a contract agreement with local college/s that will include training and professional development for providers to enhance their abilities to care for the unique needs of this age group.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	<p>d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists. Describe:</p> <p>In collaboration with Guam's PDB Birth to 5 and as indicated in their Professional Development framework, child care providers / centers will have access to coaching, mentoring, and/or technical assistance on this age group's unique needs by certified trainers to include infant/toddler specialists.</p> <p>Additionally, the Lead Agency plans to propose a contract agreement with local colleges and or related organizations or entities that will include coaching, mentoring, and technical assistance to providers for the unique needs of this age group.</p>	<input checked="" type="checkbox"/>				
<input type="checkbox"/>	<p>e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.). Describe:</p>	<input type="checkbox"/>				

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home care (care in the child's own home)
	Click or tap here to enter text.					
<input type="checkbox"/>	f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments. Describe: Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	g. Developing infant and toddler components within the state/territory's child care licensing regulations. Describe: Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	h. Developing infant and toddler components within the early learning and developmental guidelines. Describe: Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development. Describe: Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being. Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home care (care in the child's own home)
<input type="checkbox"/>	k. Coordinating with child care health consultants. Describe: <i>Click or tap here to enter text.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	l. Coordinating with mental health consultants. Describe: <i>Click or tap here to enter text.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program. Describe: <i>Click or tap here to enter text.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	n. Other. Describe: <i>The CCDF Program in collaboration with the Early Learning Council Leadership Team will review and expand the Quality Rating and Improvement System (QRIS) through Training and Enhancement. The activity will expand, enhance, and provide a plan for implementation of the QRIS. It will also provide the training to daycare and in-home providers. This includes the review, revision and application of Guam's QRIS program, the rating of centers and technical assistance. Additionally, the activity will increase the number of child care center and in-home provider participants that provide quality caregiving as defined by the Quality Rating Improvement System (QRIS) and other similar measures, increase the number of caregivers with knowledge of environmental rating scales, and increase the number of parents and families that have knowledge of quality caregiving.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 7.4.2** Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency intends to process an RFP to contract these services, similar to prior fiscal year's contract. Timelines were set to publicize the RFP in March, 2020. However, Guam has faced challenges due to COVID 19 when the Governor of Guam placed Guam in the state of public health emergency resulting in a lock down of all non-essential government/private entities; thereby, placing challenges and delays in publicizing the RFP. At this time, priorities then shifted to the pandemic situation and efforts were focused in accomplishing the administration of CARES Act. Guam continues to prioritize efforts to process the RFP and contract these services.

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

- 7.5.1** What are the services provided by the local or regional child care and resource and referral agencies? *N/A*
- 7.5.2** Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. *Measurable progress indicators are still in development.*

7.6 Facilitating Compliance with State Standards

- 7.6.1** What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5. Describe:

In addition to funding the salary of the CCDF State Program staff who complete annual program compliance reviews for all licensed and license-exempt child care providers. The Lead Agency utilizes CCDF quality funds to fund 100% the salary of the Bureau of Social Services Administration's (BOSSA) Child Care Licensing Officer and 25% of the salaries of the Division of Environmental Health's (DEH) inspectors who conduct inspections, monitoring, training, and ensure compliance of health and safety requirements among all child care providers. The Lead Agency also intends to supplement the salaries of social worker/s within the BOSSA Child Protective Services to provide training related to the recognition and reporting of child abuse and neglect.

Additionally, The Lead Agency is prioritizing an RFP process to accomplish additional efforts related to required health and safety training activities.

- 7.6.2** Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

No

Yes. If yes, which types of providers can access this financial assistance?

- a. Licensed CCDF providers
- b. Licensed non-CCDF providers
- c. License-exempt CCDF providers
- d. Other. Describe: [Click or tap here to enter text.](#)

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The Lead Agency intends to process an RFP to contract these services, similar to prior fiscal year's contract. Timelines were set to publicize the RFP in March, 2020. However, Guam has faced challenges due to COVID 19 when the Governor of Guam placed Guam in the state of public health emergency resulting in a lock down of all non-essential government/private entities; thereby, placing challenges and delays in publicizing the RFP. At this time, priorities then shifted to the pandemic situation and efforts were focused in accomplishing the administration of CARES Act. Guam continues to prioritize efforts to process the RFP and contract these services.

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7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes. If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

The Lead Agency intends to process an RFP to contract these services, similar to prior fiscal year's contract. Timelines were set to publicize the RFP in March, 2020. However, Guam has faced challenges due to COVID 19 when the Governor of Guam placed Guam in the state of public health emergency resulting in a lock down of all non-essential government/private entities; thereby, placing challenges and delays in publicizing the RFP. At this time, priorities then shifted to the pandemic situation and efforts were focused in accomplishing the administration of CARES Act. Guam continues to prioritize efforts to process the RFP and contract these services.

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

The information collected via prior contracted services from the Quality Rating and Improvement System's (QRIS) Breaking Down the Early Childhood Environmental Rating Scale (ECERS) and Breaking Down the Infant/Toddler Environment Rating Scale (ITERS) tools will be used to evaluate and improve the quality of the child care program and services in the child care centers and family child care homes. The information will also give the territory a benchmark as where we are at today and determination as to where we need to be to improve on the activities measured.

7.8 Accreditation Support

7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children? [Click or tap here to enter text.](#)
- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers. Describe: [Click or tap here to enter text.](#)
- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care. Describe: [Click or tap here to enter text.](#)
- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide.
 - i. Focused on child care centers. Describe: [Click or tap here to enter text.](#)
 - ii. Focused on family child care homes. Describe: [Click or tap here to enter text.](#)
- e. No, but the state/territory is in the in the development phase of supporting accreditation.
 - i. Focused on child care centers. Describe: [Click or tap here to enter text.](#)
 - ii. Focused on family child care homes. Describe: [Click or tap here to enter text.](#)
- f. **No**, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. [N/A](#)

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

- a. Infants and toddlers *The CCDF Program makes available to all child care providers the Guam Early Learning Guidelines Birth to 36 Months, a reference to help child care providers develop and/or adopt quality program standards, at no cost to the provider. The Lead Agency also intends to propose a contract with local colleges and or related organizations or entities that will provide services to Child care providers related to the developing and implementing high-quality program standards for the unique needs of this age group, also at no cost to the*

provider.

- b. **Preschoolers** *The CCDF Program makes available to all child care providers the Guam Early Learning Guidelines 3-5 years, a reference to help child care providers develop and/or adopt quality program standards, at no cost to the provider. The Lead Agency also intends to propose a contract with local colleges and or related organizations or entities that will provide services to Child care providers related to the developing and implementing high-quality program standards for the unique needs of this age group, also at no cost to the provider.*
- c. **and/or School-age children.** *The Lead Agency intends to coordinate with statewide afterschool networks or similar coordinating entities in accordance with Guam statutes to provide guidance to child care providers regarding the development, implementation, and/or adoption of high-quality program standards related to out of school time care and afterschool care for school-age children. Follow up efforts will be measured by the formulation of a high-quality, unified, statewide standard for such care that yields expansion of opportunities for parental choice of school-age programs.*

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. *The information collected via prior contracted services from the Quality Rating and Improvement System's (QRIS) Breaking Down the Early Childhood Environmental Rating Scale (ECERS) and Breaking Down the Infant/Toddler Environment Rating Scale (ITERS) tools will be used to evaluate and improve the quality of the child care program and services in the child care centers and family child care homes. The information will also give the territory a benchmark as where we are at today and determination as to where improvement is need on the activities measured.*

7.10 Other Quality Improvement Activities

- 7.10.1** List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:
- The Lead Agency provides health and safety related training and courses, curriculum related supplies, age-appropriate materials that support child learning and development, and age-appropriate indoor and outdoor equipment that promote and improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children. The Lead Agency provides personal protective equipment and supplies that aid in the prevention and control of the spread of infectious diseases and enhances child safety for all child care providers. Age-appropriate disaster preparedness equipment and supplies are in the process of being purchased for all child care providers to assist with emergency evacuation and response. These activities promote and enhance a high-quality level of care.*

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity, and accountability apply to:

- Memorandums of understanding (MOUs) within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOUs, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF, such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures to Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- a.** Verifying and processing billing records to ensure timely payments to providers. Describe:

The Lead Agency's CCDF office's data control clerk reconciles all program certificates and associated calendars at the beginning of every month and as they are turned-in for payment processing. All certificates are reviewed and validated to ensure compliance of requirements. Weekly expenditure reports are prepared by the data control clerk and provided to the CCDF Administrator, CCDF Co-Administrator, and CCDF Program Coordinator for review and record. Results data of the process are yet to be determined.

- b.** Fiscal oversight of grants and contracts. Describe:

May 2021 The Lead Agency established the Grants Management Office (GMO) under the Director's Office with the purpose to work with grant managers and staff regarding critical grant matters to include fiscal oversight of grants and contracts.

An administrative process is established internally to monitor and track all expenditures of CCDFs. A request form is developed and required of staff to fill, and provide the purpose for the request which is reviewed & approved by Program Administrator who conducts a financial projection by also ensuring that there is sufficient funding. This is concurred by the Administrator.

- c.** Tracking systems to ensure reasonable and allowable costs. Describe:

The GMO provides oversight and support to the CCDF Program Office for critical grant

matters to include budget compliance measures such as ensuring reasonable and allowable costs.

An administrative process is established internally to monitor and track all expenditures of CCDFs. A request form is developed and required of staff to fill, and provide the purpose for the request which is reviewed & approved by Program Administrator who conducts a financial projection by also ensuring that there is sufficient funding. This is concurred by the Administrator.

d. Other. Describe:

May 2021 The Lead Agency established the Grants Management Office (GMO) under the Lead Agency's Director's Office with the purpose to work with grant managers and staff on critical grant matters. The GMO works directly with the CCDF State Administrator and CCDF Program Coordinator regarding matters to include, but not limited to the review of grant award packets, applications, notice of awards, and budgets to ensure compliance. The GMO intends to also provides technical assistance to avail of training and resources, as needed maintain a central database of all Lead Agency Grant programs for accountability and audit purposes, and assist to develop needed grants manuals as reference for policies and procedures related to the program.

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program (98.68(a)(2)). Check all that apply:

a. Conduct a risk assessment of policies and procedures. Describe:

Click or tap here to enter text.

b. Establish checks and balances to ensure program integrity. Describe:

Child care certificates and their associated calendars are randomly selected by the CCDF program office's data control clerk then forwarded to the CCDF program administrator for accuracy, completeness and compliance. Results data for this process has yet to be determined.

c. Use supervisory reviews to ensure accuracy in eligibility determination. Describe:

Click or tap here to enter text.

d. Other. Describe: *Click or tap here to enter text.*

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices. Describe: *Click or tap here to enter text.*

- ii. Issue policy manual. Describe: *Click or tap here to enter text.*
- iii. Provide orientations. *Click or tap here to enter text.*
- iv. Provide training. Describe: *Click or tap here to enter text.*
- v. Monitor and assess policy implementation on an ongoing basis. Describe: *Click or tap here to enter text.*
- vi. Meet regularly regarding the implementation of policies. Describe: *Click or tap here to enter text.*
- vii. Other. Describe: *The CCDF Program Staff conduct compliance reviews utilizing a Compliance Review Checklist which includes, but not limited to, the inspection and verification of provider/employee health certificates, sanitary permits, child to staff ratios, and the validation of provider credentials, training and education. This is an on-going process to finalize the Provider Handbook and drafting a Provider Agreement with the intent to conduct provider orientation for existing and new CCDF Providers. In the interim, CCDF will continue to conduct a 1 to 1 orientation at the time of application and provide informational brochures of "How to Become a CCDF Provider" and its requirements.*

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

- i. Issue policy change notices. Describe: *Click or tap here to enter text.*
- ii. Train on policy change notices. Describe: *Click or tap here to enter text.*
- iii. Issue policy manuals. Describe: *Click or tap here to enter text.*
- iv. Train on policy manual. Describe: *Click or tap here to enter text.*
- v. Monitor and assess policy implementation on an ongoing basis. Describe: *Click or tap here to enter text.*
- vi. Meet regularly regarding the implementation of policies. Describe: *CCDF Staff members meet regularly to discuss any changes or updates related to the implementation of policies.*
- vii. Other. Describe: *MOUs and contract language includes the responsibilities of each party and ensures compliance measures for said services are subject to the aforementioned compliance reviews. Grant program requirements are referenced.*

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

This process is based on the following which includes but is not limited to:

•*Segregation of duties: a position description which describes the responsibilities of each staff and are supported with organizational & functional chart; and are evaluated through performance evaluation*

•*Authorization and Approval: There are policies that sets guidelines internally and/or externally which includes but is no limited to ensuring that all purchase requisitions and invoices are reviewed and validated and approved by the Director or designee. For example, an administrative process is established internally to monitor and track all*

expenditures of CCDFs. A request form is developed and required of staff to fill, and provide the purpose for the request which is reviewed & approved by Program Administrator who conducts a financial projection by also ensuring that there is sufficient funding. This is concurred by the Administrator.

•Reconciliation & Review: Performance reviews of specific functions or activities such as reconciliation of financial accounts and cross-checking transactions or records of activity are conducted quarterly to ensure that the information is accurate

•Inventory (Physical Security): Equipment, inventories and other assets are recorded and maintained by using internal/external forms such as fixed asset /transfer of property form that are periodically updated and cross check on control records.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

- a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

<input type="checkbox"/>	i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases
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	<p>(e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).</p> <p>Describe the activities and the results of these activities: <i>The Lead Agency's Quality Control (QC) program office conducts quarterly reviews using information/data from other programs (e.g., SNAP, MAP). The QC program office works with the CCDF Program Coordinator and upon request, provides information on all cases suspect of fraud to prevent fraud due to an intentional program violation. Results data for this process has yet to be determined.</i></p>
<input checked="" type="checkbox"/>	<p>ii. Run system reports that flag errors (include types).</p> <p>Describe the activities and the results of these activities: <i>Policies and procedures to support program integrity practices are in development. The CCDF Program Office intends to establish a formal MOU with the Quality Control (QC) program office to develop and implement program integrity practices utilizing licensing data and other administrative data systems automations to detect possible fraud, unintentional program violations, and intentional program violations by providers. The Lead Agency's Quality Control (QC) program office conducts CCDF eligibility specialist (ES) checks to identify errors through shared/matched data from other programs. If there are errors discovered, the finding(s) is forwarded to the CCDF ES via a citation with a corrective action provision for the client. Results data for this process has yet to be determined.</i></p>
<input type="checkbox"/>	<p>iii. Review enrollment documents and attendance or billing records.</p> <p>Describe the activities and the results of these activities: <i>Click or tap here to enter text.</i></p>
<input type="checkbox"/>	<p>iv. Conduct supervisory staff reviews or quality assurance reviews.</p> <p>Describe the activities and the results of these activities: <i>Click or tap here to enter text.</i></p>
<input checked="" type="checkbox"/>	<p>v. Audit provider records.</p> <p>Describe the activities and the results of these activities: <i>Policies and procedures to support program integrity practices are in development. These procedures shall include random auditing of provider records to be completed by the QC program office.</i></p>
<input type="checkbox"/>	<p>vi. Train staff on policy and/or audits.</p> <p>Describe the activities and the results of these activities: <i>Click or tap here to enter text.</i></p>
<input type="checkbox"/>	<p>vii. Other.</p> <p>Describe the activities and the results of these activities: <i>Click or tap here to enter text.</i></p>

- b. Check and describe all activities the Lead Agency conducts, including the results of these activities, to **identify unintentional program violations**. Include in the description how each activity assists in the identification and prevention of unintentional program violations.

<input checked="" type="checkbox"/>	<p>i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).</p> <p>Describe the activities and the results of these activities: <i>The CCDF Program Administrator together with the eligibility specialist forward all cases to the Department of Public Health and Social Services' Investigation and Recovery Office (IRO) when a case is suspected for fraud due to an identified program violation. This process will be supported through a formal MOU with the IRO to protect the confidentiality of records through data sharing. This MOU is in development.</i></p>
<input type="checkbox"/>	<p>ii. Run system reports that flag errors (include types).</p> <p>Describe the activities and the results of these activities: <i>Click or tap here to enter text.</i></p>
<input type="checkbox"/>	<p>iii. Review enrollment documents and attendance or billing records.</p> <p>Describe the activities and the results of these activities: <i>Click or tap here to enter text.</i></p>
<input checked="" type="checkbox"/>	<p>iv. Conduct supervisory staff reviews or quality assurance reviews.</p> <p>Describe the activities and the results of these activities: <i>Plans to conduct supervisory staff reviews are in development and will be guided by the GMO.</i></p>
<input type="checkbox"/>	<p>v. Audit provider records.</p>

	Describe the activities and the results of these activities: <i>Click or tap here to enter text.</i>
<input type="checkbox"/>	vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: <i>Click or tap here to enter text.</i>
<input checked="" type="checkbox"/>	vii. Other. Describe the activities and the results of these activities: <i>Supported by the oversight of the newly established GMO, all agency errors will result in disciplinary action and processed through employee counseling, reprimand, suspension, and or demotion up to termination. At this time, no cases regarding agency errors have been reported.</i>

- c. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent agency errors**. Include in the description how each activity assists in the identification and prevention of agency errors.

<input type="checkbox"/>	i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: <i>Click or tap here to enter text.</i>
<input checked="" type="checkbox"/>	ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: <i>The Lead Agency's Quality Control (QC) program office conducts CCDF eligibility specialist (ES) checks to identify errors through shared/matched data from other programs. If there are errors discovered, the finding(s) is forwarded to the CCDF ES via a citation with a corrective action provision. Results data for this process has yet to be determined.</i>
<input type="checkbox"/>	iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: <i>Click or tap here to enter text.</i>
<input type="checkbox"/>	iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: <i>Click or tap here to enter text.</i>
<input type="checkbox"/>	v. Audit provider records. Describe the activities and the results of these activities: <i>Click or tap here to enter text.</i>
<input type="checkbox"/>	vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: <i>Click or tap here to enter text.</i>
<input checked="" type="checkbox"/>	vii. Other. Describe the activities and the results of these activities: <i>Supported by the oversight of the newly established GMO, all agency errors will result in disciplinary action and processed through employee counseling, reprimand, suspension, and or demotion up to termination. At this time, no cases regarding agency errors have been reported.</i>

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

- a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney). *The Lead Agency's Investigation and Recovery Office (IRO) investigates CCDF cases suspected of fraud and if an Intentional Program Violation is substantiated based on the investigation's findings, IRO will collect improper payments paid to providers/clients.*
- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

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- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount.
Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
- ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).
Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
- iii. Recover through repayment plans.
Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
- iv. Reduce payments in subsequent months.
Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
- v. Recover through state/territory tax intercepts.
Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
- vi. Recover through other means.
Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.
Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
- viii. Other. Describe the activities and the results of these activities: *The Lead Agency's Investigation and Recovery Office (IRO) investigates SNAP and Public Assistance Programs processed by the Department of Public Health & Social Services. The IRO will investigate CCDF cases suspected of fraud and if and Intentional Program Violation is substantiated based on the investigations findings, IRO will collect improper payments paid to providers/clients as done with the Supplemental Nutrition Assistance Program (SNAP) investigations.*

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount.
Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
- iii. Coordinate with and refer to the other state/territory agencies (e.g.,

state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities: [Click or tap here to enter text.](#)

- iv. Recover through repayment plans.

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Describe the activities and the results of these activities: [Click or tap here to enter text.](#)

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities: [Click or tap here to enter text.](#)

- vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities: [Click or tap here to enter text.](#)

- vii. Recover through other means.

Describe the activities and the results of these activities: [Click or tap here to enter text.](#)

- viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities: [Click or tap here to enter text.](#)

- ix.** Other. Describe the activities and the results of these activities:

The Lead Agency's Investigation and Recovery Office (IRO) investigates SNAP and Public Assistance programs processed by the Department of Public Health & Social Services. The IRO will investigate CCDF cases suspected of fraud and if an Intentional Program Violation is substantiated based on the investigations findings, IRO will collect improper payments paid to providers/clients as done with the Supplemental Nutrition Assistance Program (SNAP) investigations.

- d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount.

Describe the activities and the results of these activities: [Click or tap here to enter text.](#)

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities: [Click or tap here to enter text.](#)

- iv. Recover through repayment plans.

Describe the activities and the results of these activities: [Click or tap here to enter text.](#)

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities: [Click or tap here to enter text.](#)

- vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities: [Click or tap here to enter text.](#)

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- vii. Recover through other means.
Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
- viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit.
Describe the activities and the results of these activities: [Click or tap here to enter text.](#)
- ix.** Other. Describe the activities and the results of these activities:
[All agency errors will result in the disciplinary action and processed through counseling, reprimand, suspension, demotion up to termination.](#)

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

- a.** Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.
Describe the activities and the results of these activities: [All clients have the option to have their concerns/complaints heard via the fair hearing process if cited for an intentional program violation \(IPV\) and or fraud. The first IPV results in the suspension from the program for one year, the second IPV results in the suspension from the program for two years. If there is a third violation, the client will be permanently disqualified from the program.](#)
- b.** Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.
Describe the activities and the results of these activities:
[Similarly, to clients, all providers have the option to have their concerns/complaints heard via the fair hearing process if cited for an intentional program violation \(IPV\) and or fraud. The first IPV results in the suspension from the program for one year, the second IPV results in the suspension from the program for two years, and the third violation will result in the permanent disqualification from receiving CCDF funds. There are no results data at this time.](#)
- c.** Prosecute criminally.
Describe the activities and the results of these activities:
[Click or tap here to enter text.](#)
- d.** Other. Describe the activities and the results of these activities:
[Click or tap here to enter text.](#)

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered “extraordinary circumstance waivers” to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

- Appendix A.1:** The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)
 1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance. *The CCDF Lead Agency for Guam seeks relief from the market rate survey provision for one year due to the extraordinary disruption of the child care market during the COVID-19 pandemic.*
 2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. *A one-year waiver will allow Guam sufficient time to collect accurate and meaningful post-pandemic market rate data that may influence future program enhancements.*
 3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. *Guam certifies that the health, safety and well-being of children served through assistance received through CCDF will not be compromised as a result of a one-year waiver of the market rate survey provision. Guam will continue to serve eligible families during this time.*
- Appendix A.2:** The Narrow Cost Analysis (See related question 4.2.5.)
 1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision. *The CCDF Lead Agency for Guam seeks relief from the narrow cost analysis provision for one year due to the extraordinary disruption of the child care market during the COVID-19 pandemic.*
 2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children. *A one-year waiver will allow Guam sufficient time to collect accurate and meaningful post-pandemic cost of care data that may influence future program enhancements*

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. *Guam certifies that the health, safety and well-being of children served through assistance received through CCDF will not be compromised as a result of a one-year waiver of the narrow cost analysis provision. Guam will continue to serve eligible families during this time.*

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